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ABSTRACT

Intended for journalists, this sourcebook contains background information on aging and the problems of the aged. Arranged into two major parts, the sourcebook contains 10 chapters. The first part provides a summary of facts and ideas that should be known to reporters whose stories are related directly or indirectly to aging. Chapter 1 makes the point that demographic and other information can tell us much about aging, but that diversity abounds among elders. Chapter 2 examines myths concerning old age. Chapter 3 describes major legislation dealing with aging since 1960. Ageism is the focus of chapter 4. The second part of the document discusses information sources on aging and suggests newsworthy approaches and topics. Chapters 5, 6, and 7 list and describe governmental agencies, private organizations, and academic centers that provide information on aging. Chapter 8 discusses investigative reporting related to aging. Chapter 9 gives examples of journalistic initiatives related to aging. The concluding chapter, chapter 10, reviews two principles that journalists must keep in mind: (1) journalsists should localize their stories about aging, and (2) they should give the stories the thought and research they deserve. Regional and state gerontological societies are listed in the appendix. (RM)

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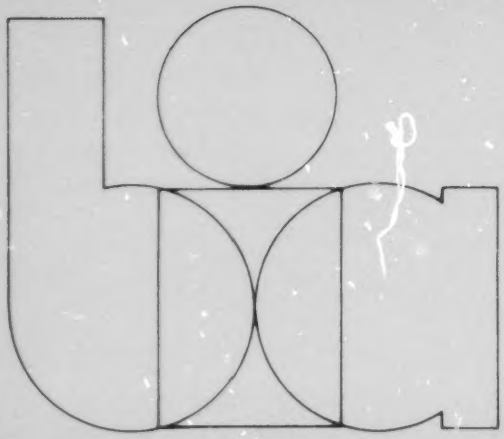

BROOKDALE INSTITUTE
ON AGING AND ADULT
HUMAN DEVELOPMENT

GETTING THE STORY ON AGING
A SOURCEBOOK ON GERONTOLOGY FOR JOURNALISTS

BY WILLIAM E. ORIOL

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BY

WILLIAM E. ORIOL

The Brookdale Institute on Aging and Adult Human Development
Columbia University in the City of New York
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PREFACE

This publication on Getting the Story on Aging: A Sourcebook on Gerontology for Journalists by William E. Oriol is part of a series of "Practice Manuals" designed by the Brookdale Institute on Aging and Adult Human Development, at Columbia University, with the specific intent of meeting the educational needs of practitioners in gerontology and geriatrics. There is already a plethora of literature on the aging. Specialized books and collections launched by the academic presses have enriched the field and point to its significance and complexity. Most of these books provide substantive explorations, or "state-of-the-art" reviews of partial aspects of the gerontological field. Few, however, are of the "how-to" variety, aimed at the problems human service providers must contend with every day.

The Brookdale Institute conceived the production of such practice manuals in response to repeated requests from the field. Service workers seek resource materials that demystify what gerontology is all about and can assist them with their day-to-day chores and responsibilities. In responding to their plea the Brookdale Institute remains committed to high quality professional standards. The authors, far from reducing the content into superficial checklists, have translated instead a vast array of material into more didactic and experiential frameworks.

The Brookdale Institute is grateful to the Brookdale Foundation for its understanding and encouragement. Without its support this series would not have been possible. Acknowledgement and appreciation is especially reserved for the authors who lent their expertise, time and dedication to the design and writing of these series.

Abraham Monk, Ph.D.
Director, Brookdale Institute on Aging
and Adult Human Development
Columbia University

FOREWORD

Getting the Story on Aging: A Sourcebook on Gerontology for Journalists by William E. Oriol reflects a commitment by Columbia University's Graduate School of Journalism to fostering a better understanding of specialized subjects by the press.

On September 28, 1979, the Journalism School, with the support of the National Institute on Aging, organized a one-day conference on aging attended by specialists in geriatrics and gerontology and a group of distinguished journalists. A monograph based on the proceedings of that program entitled Aging: Research and Perspectives—A Briefing for the Press appeared shortly thereafter.

On February 1, 1983, the Brookdale Institute on Aging and Adult Human Development and the School of Journalism announced that William E. Oriol, Brookdale Visiting Scholar, would be in residence at Columbia University during March of that year. Mr. Oriol's program of activities addressed his special interest in encouraging greater communication between gerontologists and journalists and in exploring ways in which gerontological issues could become a greater part of journalism curricula. Mr. Oriol's stay at Columbia included a briefing and workshop for members of the media and experts in the fields of journalism and gerontology, as well as presentations before journalism students, consultations with faculty and researchers, and a special lecture before the University community and the public-at-large. Getting the Story on Aging is an outgrowth of Mr. Oriol's extremely productive and enthusiastically received visit to the Columbia campus.

I have no doubt that this publication will be an important entry in the resource literature available to science and medical journalists, students, and others seeking leads and background data on developments in the field of aging. I endorse its widespread adoption in the hope that it will expand the coverage of aging and old age issues by all sectors of the press.

Osborn Elliott, Dean
Graduate School of Journalism
Columbia University

Dedicated to

LILLIAN EUGSTER ACKLEY

Teacher, Friend, Inspiration

ABOUT THE AUTHOR

William E. Oriol was staff director of the US Senate Special Committee on Aging from 1967-79. In the 1950s he was a reporter for Bergen Evening Record in Bergen County, NJ. There, he won several national and regional journalism awards. His work in aging won him the Donald Kent Award from the Gerontological Society of America and the Alice Brophy Award of the Urban Elderly Coalition, and the Western Gerontological Society Award. He is currently a board member of the Western Gerontological Society and the American Association for International Aging. Recent books published by the National Council on the Aging are: Aging in All Nations: A Special Report on the 1982 World Assembly on Aging (1982); and Redefining the New Federalism: Impact on Low-Income and Other Older Americans (1984).

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GETTING THE STORY ON AGING
A SOURCEBOOK ON GERONTOLOGY FOR JOURNALISTS

INTRODUCTION

This is a book for journalists and students of journalism who are likely to encounter subjects related to aging in the course of their everyday responsibilities.

It is not a book on how to write for the elderly.

It is not meant to induce reporters and students of journalism to specialize in writing or broadcasting about aging.

Rather, these pages are intended to help journalists realize that aging is generating stories that should be covered, and covered well. All professionals—lawyers, job counselors, educators, physical fitness directors, clergy, credit managers, or whoever—must increasingly learn more about aging if they are to do their jobs well. So must the professionals who cover the news.

Most reporters, of course, are generalists. They must be prepared to work on whatever topics arise as people and events make news.

The front-page coverage given in 1982 and 1983 to the latest rescue of the Social Security system, for example, was covered largely by reporters whose beat was not aging but politics or government.

Outside of Washington, DC, other reporters—feature or general assignment writers—may have had to grapple with the Social Security story in other ways. They may have described the impact of Social Security in terms of individual persons, young and old, who rely on the system's benefits during certain transitional times in their lives. Or they may have quoted a local critic of Social Security who questions the system's principles or long-term feasibility. Or they may have written stories to help their readers obtain practical help from their local Social Security

offices.

A reporter dealing with any of those stories needs at least a rudimentary understanding of aging as an economic, social, and emotional force in this nation and others. This will be increasingly the case not only for such blockbuster issues as Social Security but in dozens of others as well.

- A general assignment reporter covering a health conference might well encounter speakers embroiled in a debate about why women live, on the average, longer than men. It would help that reporter if he or she knew something about the long history of that debate, and why it is still unresolved.

- A complaint about age discrimination in employment—whether from a television anchor person or long-time employees of the biggest manufacturing plant in town—will send reporters scurrying for information about the federal or state statutes involved. The more thorough reporters might also want to dig into the research findings indicating that older workers generally have good records for reliability and performance in work situations.

- At the state legislature, the biggest news of the day may be a conflict between nursing home owners and state policymakers who disagree on an appropriate level of reimbursement for varying kinds of care provided at such facilities. The story will be more complete if the reporter asks officials and providers whether the state is doing what it should to develop other means of care for those patients who do well outside of institutions.

- A reporter sent to cover a meeting of the National Organization for Women, or any of the other so-called feminist organizations may discover that some of the speakers are turning directly to subjects with aging angles. One of the hot issues in 1983, for example, related to differentials in insurance premiums charged to men and to women.

And so it goes, but not only for the general assignment reporter.

The specialists also may find that their well-defined fields are altered directly or indirectly because of aging.

- An aviation editor may discover that attention must be given to new developments in the running debate about age 60 as the official retirement age for airline pilots.

- A columnist who deals with economic issues is increasingly likely to want the latest demographic facts about an aging population.

- Drama and movie critics are finding that more and more scripts are dealing with the trials and triumphs of older leading men and women.

- Education writers may want to tap the vast store of research findings on older persons' learning abilities.

- Consumer columnists might receive complaints about Medigap policies—those private insurance policies offered to provide at least partial protection for items not covered by Medicare. A good starting place for information would be transcripts of hearings by Senate and House Committees that have given considerable attention to the problems of skimpy insurance or outright misrepresentation.

- And of course, the investigative reporter can find many fertile subjects for scrutiny in programs or problems related to aging, so much so that a later chapter in this book is devoted to the investigative beat.

Other examples of aging-related stories appear in the following chapters. But these stories are not told in full. Instead, the intent is to tell just enough about them to activate journalistic imaginations about the stories that could be found, or developed, if reporters are sensitive to the aging revolution now underway which will become even more pronounced in the decades ahead.

The emphasis, then, is on sources of information or ideas.

But first a context is needed.

PART ONE OF THIS BOOK, THEREFORE, PROVIDES AN ABBREVIATED SUMMARY OF FACTS AND IDEAS THAT SHOULD BE KNOWN TO REPORTERS WHOSE STORIES ARE RELATED DIRECTLY OR INDIRECTLY TO AGING.

Chapter 1

makes the point that demographic and other information can tell us much about aging, but that diversity abounds among elders. In fact, some gerontologists say that there are more differences among older persons than among individuals in other age groups.

Chapter 2

deals with a few of the big issues that are totally or partially related to aging. Questions are directed at you, the working or student journalist, about your understanding of key points related to those topics. This is not an exam. I have a healthy respect for journalistic objectivity and skepticism. This was true both when

I was a reporter in the 1950s, and later, when I was the staff director of a US Senate Committee that had clearcut advocacy responsibilities related to aging. Advocacy is best accomplished when the advocate's facts are right. In aging, many issues are clouded by what gerontologists love to call myths. This chapter may help the reader decide whether he or she is a myth perpetuator. On the other hand, the reader is also encouraged to take an independent view even of mythpuncturing. In their zeal to challenge each others' myths, gerontologists and policymakers sometimes may be tempted to take shortcuts. The good journalist must be wary of shortcuts, or at least have reasonable grounds for preferring one shortcut over another.

Chapter 3

Since so much of the aging story springs from governmental action, or arguments about the need for such action, this chapter gives a brief rundown of major legislative achievements from 1960 on. My bias is to the federal level, but recognition is given to the growing role of states in programs to improve older Americans' well-being. The relationship of governmental policies to the long history of private sector involvement in welfare and social service issues is also briefly discussed.

Attention is given to a question increasingly asked in the 1980s: Are the elderly of this nation a favored group, receiving undue and perhaps even unfair attention from policymakers? As is the case throughout this book, I try to keep my own convictions under control in this discussion. The objective is to give the major arguments advanced by those with clearly conflicting views.

Chapter 4

A reprise on myths and aging appears here. The reader is asked whether he or she may be an unconscious purveyor of ageism in stories, interpretation of the events of the day or the stages of lives, or in private actions and thoughts.

PART TWO IS DEDICATED TO SOURCE IDENTIFICATION. IN THAT PROCESS, OCCASIONAL EXPLORATION OF ISSUES OR SITUATIONS IS NECESSARY.

Chapter 5

gives information about useful governmental sources.

Chapter 6

is devoted to private organizations, ranging from outright lobbyist groups to those dedicated to public understanding of aging-related issues. In addition, a few public affairs groups that are not solely dedicated to aging are described. Their directors or members have discovered that aging has infiltrated their interests, and that they--like nations and individual persons--have to pay increasing attention to it.

Chapter 7

gives a brief rundown on academic sources, along with a heartfelt message from the author urging greater communication among researchers and journalists. While with the Senate Committee on Aging, and in research and writing since then, I have benefited enormously from the generosity of gerontologists. They share their data and their ideas with aplomb and flair, especially when they have reason to believe that in this way they can contribute to greater public understanding of the many problems or dazzling future possibilities they see in aging.

Chapter 8

discusses investigative reporting related to aging.

Chapter 9

gives examples of journalistic initiatives related to aging.

An epilogue ends the book,

and reviews two principles: whenever possible, localize your stories about aging; and give them the thought and research they deserve.

The final paragraphs of the epilogue exhort reporters—and everyone else—to make a personal matter of aging. Important as the "big picture" issues are, they are only gross indicators of what is happening to individual people, including you and me, our parents, and our children, because of aging.

This book springs from a pleasant collaboration that should be acknowledged here. The Brookdale Institute on Aging and Adult Human Development at Columbia University in New York City invited me in 1982 to participate in a conference on international aging issues, and I was duly impressed by the close working ties between the Institute and the University's School of International and Public Affairs. It occurred to me that the Institute might have a similar working relationship with another distinguished unit of the University, the Columbia School of Journalism. Institute Director Abraham Monk agreed, and an intensely satisfying four-day program of events with students, faculty, working journalists, and others took place.

This sourcebook was then envisioned as a logical byproduct of the cooperative actions taken by the Institute and the School of Journalism.

I have been reminded, during work on this volume, about the many inquiries I received from journalists while I was with the Senate Committee on Aging staff. Many of them acknowledged that they were starting from scratch. They had never reported on aging before, or thought much about it, either. Others were seasoned seekers after gerontological truths, but they readily acknowledged that they were stumped by this or that puzzler.

They had contacted the Senate Committee because it was established in 1961 expressly to keep tabs on what is happening, throughout the land, on aging, at least as far as it is related to the federal government.

And so, the Committee's phones rang, and the Committee's mail was heavy, as it is today.

It was easy to help the journalists, not because I thought of myself as an expert on aging, but rather because I was a person skilled in knowing what experts to talk to. Usually, one or more sources could be found. But one good source leads to another, and the story grows and grows.

This sourcebook will put the working reporter and the student in touch with many experts.

May your stories grow, and with them, your interest and involvement in aging.

CHAPTER 1
THE CHANGING FACE OF AGING

Aging is generating change. It is also generating stories that journalists and students of journalism should want to cover.

But first, what is aging, and what is the aging of populations?

There is widespread agreement that the **process** of aging is complex and has a number of causes, ranging from decreased effectiveness of the body's immunological powers to deterioration occurring over time within individual cells.

Whatever the causes, the effects are bluntly described in this passage from an eminent biologist:

> Despite all the conflicting views on the causes of biological aging, most gerontologists agree that after reaching sexual maturity, individuals in most species accumulate physiological decrements that increase their likelihood of dying (Hayflick 1981).

Another expert is slightly more soothing:

> It should be emphasized that old people do not age faster than young people, but simply have accumulated more loss of function over time. Of additional interest is the rather marked variation, in most gerontologic studies within and between individuals in the rates of age-related loss of function in individual organs. When someone at age 65 says: "I'm starting to age; they gave me my gold watch and retired me and now what can I do to prevent aging?", he suffers from the misconception that individuals do not age physiologically between young adulthood and 65 years. The imagined physiological plateau of the middle years does not exist (Rowe 1981).

Aging, then, does not begin with old age. And, as emphasized above, it certainly does not affect people uniformly. Its effects vary not only among individuals, but among the very organs or body systems of individuals (Rockstein and Sussman 1979).

Another view of aging, other than deterioration at varying rates, is provided not by a biologist or a physician but by a philosopher-educator:

> The most fundamental misconception in the current gerontology has to do with its view of aging as a natural, biological deterioration of the living organism over time, leading to its death... I am not denying the existence of natural and specific processes of changes over time in the different living species... What I am denying is the idea that in any living species and especially humans, the detrimental aspects of some of these changes support a concept of aging as one essentially destructive process... There is no escape from death, but dying at once. Our only alternative to an early death is to age. From being a process leading to my death, aging is the process of living longer, of postponing further the execution of the death sentence impending since the day I was conceived. (emphasis added) (Philibert 1981)

The idea of aging both as a triumph and as the process that leads to termination of life, is heard with increasing frequency. The fact that more people are living to advanced ages is celebrated by gerontologists and policymakers even as they recognize the need to adjust the practices of the present to what appears to be a steady aging of populations throughout the world.

THE WORLD SCENE

The United Nations, in a publication prepared for its 1982 World Assembly on Aging, described population aging as "an increase in the proportion of the elderly in a population, a phenomenon which is common to all industrialized nations" (UN 1982a). Still incipient in the developing nations, population aging is expected by the UN to spread throughout the world, at rates that will depend in part on the success of birth control campaigns "within the context of declining fertility on the one hand and declining mortality upon the elderly on the other."

Imponderables aside, the UN demographers felt comfortable enough to make the following projections (UN 1982b):

- The elderly (for UN purposes, those 60 years and up) numbered 214 million throughout the world in 1950 and will number 1.1 billion in the year 2025, or about one out of every seven of the total population.

- Those persons who are 80 and over, in the same period, will increase from 15 million to 111 million. This group is considered to be at the greatest risk of multiple chronic illness and possible institutionalization. (Some gerontologists use age 75 as the generalized dividing line, readily acknowledging that there are many exceptions on both sides of the line.)

- The 60+ population was almost evenly divided between industrialized and developing nations in 1982. But in 2025, 72 percent will be in the developing nations. Spectacular rises in urban centers, many of them slums or squatter villages, are expected.

- Biggest 60+ and 80+ nations in 2025 (numbers in millions):

	60+	80+
CHINA	264,126	25,748
INDIA	146,224	10,577
USSR	71,308	10,057
USA	67,352	7,673
JAPAN	33,120	5,817
BRAZIL	31,816	3,439

All in all, 13 nations will have 60+ populations of more than 15 million, and 16 nations will have 80+ populations of more than one million.

- What the UN calls the feminization of aging—that is, women outnumbering men—will continue, but with significant differences among developing and industrialized nations and among the "young-old" and "old-old." The following chart shows the sex ratio or number of men per 100 women of the same age group:

Age group	1975		2025	
	Less Developed Regions	More Developed Regions	Less Developed Regions	More Developed Regions
60-69	96	74	94	78
70-79	88	62	86	75
80+	78	48	73	53

The United Nations issues a warning typical of all who deal with statistics related to aging: beware of aggregate totals and be sensitive to the underlying diversity that overall numbers usually hide. For example, the regions of the world will vary sharply in the proportion of their 60+ populations. In 2025, Africa's 60+ people will be only 6.6 of total population, but it will be 19.6 percent in East Asia, 24.7 percent in Europe, and 20 percent in the USSR. In addition, the so-called dependency ratio—older persons considered economically inactive and young people who have not yet entered the work force—may vary considerably from region to region and nation to nation. France, usually considered to be the first nation to have a significant aging population, lists among the contributing factors the huge numbers of youthful soldiers lost in two World Wars, together with declining fertility.

THE UNITED STATES-AN UPPER SURGE

A wealth of information is readily available to journalists and students who want the statistics underlying the aging revolution taking place in this nation.

The essential facts, as paraphrased from a recent congressional report (US Senate 1983), are as follows:

- Over the past two decades, the 65+ population grew twice as fast as the rest of the population, and the 85+ group grew 165 percent, 1960-82.

- There were a little over 3 million 65+ persons in 1900, 9 million in 1940, 16 million in 1960, and 25.5 million in 1980. By 1982, the total was 26.1 million (US Census Bureau 1983).

- The 85+ total was only 123,000 in 1900. It climbed over the million mark by 1970 (1,409,000). And in 1980 it reached 2,240,000.

- Elderly women now outnumber men 3 to 2, but in 1960 the ratio was only 5 to 4; the number of elderly women living alone has doubled in the last 15 years; elderly women are twice as as likely as men to be poor; half of elderly widowed black women live in poverty.

What does the future hold? As was the case at the UN, the experts are reluctant to offer "sure thing" projections. Even though everyone who will be 65 by the year 2025 and even 2040 has already been born, nobody can guess how many babies will be born in the next few decades, how many immigrants will be added to the youthful part of the population, and whether the demographers will continue to be surprised by greater increases in longevity than had been expected. In 1967, the 65+ population for 1975 was projected at 21.2 million, but when 1975 arrived the total was actually 1.2 million more. (Sheppard 1978)

In spite of all those reservations, a generally accepted "middle series" basis for the projections produces the following picture:

THE GROWTH OF THE OLDER POPULATION, ACTUAL AND PROJECTED: 1900-2050
(Numbers in thousands)

Year	Total population all ages	65 to 74 years		75 to 84 years		85 years and over		65 years and over	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
1900	76,303	2,189	2.9	772	1.0	123	0.2	3,084	4.0
1920	105,711	3,464	3.3	1,259	1.2	210	.2	4,933	4.7
1950	150,697	8,415	5.6	3,278	2.2	577	.4	12,270	8.1
1970	203,302	12,447	6.1	6,124	3.0	1,409	.7	19,980	9.8
1980	226,505	15,578	6.9	7,727	3.4	2,240	9.9	25,544	11.3
1990	249,731	18,054	7.2	10,284	4.1	3,461	1.4	31,799	12.7
2000	267,990	17,693	6.6	12,207	4.6	5,136	1.9	35,036	13.1
2010	283,141	20,279	7.2	12,172	4.3	6,818	2.4	39,269	13.9
2020	296,339	29,769	10.0	14,280	4.8	7,337	2.5	51,386	17.3
2030	304,330	34,416	11.3	21,128	6.9	8,801	2.9	64,345	21.1
2040	307,952	29,168	9.5	24,529	8.0	12,946	4.2	66,643	21.6
2050	308,856	30,022	9.7	20,976	6.8	16,063	5.2	67,061	21.7

Source: US Department of Commerce Bureau of the Census, Decennial Censuses of Population, 1900-1980 and Projections of the Population of the United States, 1982 to 2050 (Advance Report). Current Population Reports, Series P-25, No. 922, October 1982. Projections are middle series.

Thus we see that, in the words of the Senate report:

> By 2010, because of the maturation of the baby boom group, the proportion of older to younger will rise dramatically: one-fourth of the total US population (74.1 million) is expected to be at least 55 years old. One out of 7 Americans are expected to be 65 and over (34.3 million) and the number of persons aged 85 and over could more than double to 6.8 million, 2.4 percent of the total population.
>
> By the year 2030, it is likely that one out of five Americans will be 65 or older (64.3 million), which will represent an 87 percent increase in a 20-year span. (emphasis added)

As the table shows, the 85+ population—expected to be 5.1 million in 2000—may be 7.3 million in 2030 and a staggering 16 million in 2050.

Going back again to the Senate Committee language:

> Finally by 2050, nearly one-third of the population (104.3 million) is expected to be at least age 55. So, while the total US population is projected to increase by a third from its present size between 1982 and 2050, the older element—those persons age 55 and over—is expected to grow 113 percent.

THE OLDER PEOPLE GET, THE MORE THEY'RE ALIKE-RIGHT?

Probably not.

Remember the warning the UN demographers gave about recognizing the diversity that underlies their grand totals?

That word of caution is worth remembering in everything related to aging.

Take income, for example.

In the early 1960s, when the Senate Committee on Aging was just beginning its work, one of its early reports argued forcefully that "the elderly" were a "problem group" requiring comprehensive national attention (US Senate 1960). One of the Committee's big concerns was that health insurance at that time was out of the reach of most older persons, who fretted about the single hospital or medical bill that could wipe out whatever they—and their families—had in the way of financial security.

Medicare, of course, was enacted in 1965 to deal with this problem, and to a significant degree, it did. The Senate Committee during the late 1960s turned its attention to what it called "The Economics of Aging." It looked into the inadequacies that existed in sources of retirement income, and it found vast differences among many groups within the 65+ group. It also focused on the drains on retirees' budgets: health care costs that Medicare didn't cover, including hefty expenditures for prescription drugs; the high cost of housing in many parts of the nation for renters and many homeowners; special diets required by many of the elders; rising public transportation fees; and so on. (Later, other Committee studies and hearings would look into dramatically high rises in energy costs.)

The Committee hearings, and its many Economics of Aging documents (US Senate 1969-70) helped make the case for Social Security improvements in the 1970s, including the establishment of a cost-of-living adjustment to keep up with increased costs-of-living. In addition, a Supplementary Security Income (SSI) system for those persons who did not qualify for Social Security payments above a national floor also became law. Unfortunately, the Federal SSI level was then, and still is, below official poverty levels. But a number of states have supplemented SSI payments above poverty.

And so, the 1970s did result in a substantial increase in the amount of federal support given to help older persons in this nation. One result was that journalists and others began to add up retirement income aggregates and decided that those people called the elderly were doing quite well indeed. Just a few headlines from recent years make the point:

> **THE OLD FOLKS: THE MYTH IS THAT THEY'RE SUNK IN POVERTY. THE REALITY IS THAT THEY'RE LIVING WELL. THE TROUBLE IS THERE ARE TOO MANY OF THEM—GOD BLESS THEM** (Jerry Flint, Forbes, February 18, 1980).
>
> **THE AFFLUENT ELDERS: WEALTH DOES NOT DECLINE WITH AGE, OR DECLINES VERY LITTLE, AND THE VAST MAJORITY OF THE AGED ARE NOT POOR** (Jane Quinn, Newsweek, August 4, 1982).
>
> **THE ELDERLY FARE BETTER THAN YOU'D THINK** (Lindley H. Clark, Jr., Wall Street Journal, August 7, 1982).
>
> **'OLD' DOESN'T MEAN 'POOR'** (Michael Hurd, New York Times, November 9, 1982).

As the headlines suggest, each of the stories said in one way or another that older people in the United States are living under much more advantageous circumstances than commonly supposed. Several of the stories were aimed at influencing the outcome of the debate about the future of the Social Security system.

Fortunately, the New York Times had earlier provided Op Ed space for a statement challenging the tendency to see only the rosy side of retirement income in the United States of the 1980s. An article, "Dog Food's Out; Myth's In," appeared under the byline of the director of the American Association of Retired Persons. Its opening sentences gave his viewpoint in a hurry:

> Fifteen years ago they were eating dog food. Today, they're "affluent" and "living well." For the nation's 24 million older citizens, a remarkable economic transformation has taken place. Or has it? (Brickfield 1981)

The director's fundamental complaint is that generalizations don't tell the story of older people in this nation:

> Normally, I would welcome the efforts of those who are trying to correct the commonly held misconception that **most** elderly people are living in abject poverty and that they are invariably frail, helpless, and immobile. Unfortunately, these new myth-makers go too far. Rather than merely debunking old stereotypes, they are creating new ones.

The distinctions that should be made in considering gradations of economic well-being are suggested in the following 1981 figures: of families maintained by an elderly person, three out of ten had incomes of less than $10,000, five were between $10,000 and $25,000, and two were at $25,000 and above. Elderly "unrelated" individuals had a median income of $5,771 (US Senate 1983).

In terms of retirement income, even the figures above do not chart the hollows of economic insecurity that exist among the subgroups who have the least on which to live in the later years of their lives.

Those income hollows are usually expressed in terms of official poverty levels, and it is generally agreed that in 1980 approximately 3.9 million older persons, or 15.7 percent of the 65+ population, lived below poverty standards (then $4,954 for a couple or $3,941 for an individual). A House Committee on Aging report, however, shows that women and minority elderly are heavily overrepresented among the aged poor:

- 19 percent of all elderly women, as compared to 10.9 percent of elderly men, were in the poverty category

- 38.1 percent of all black 65+ men and women were poor, reflecting a 42.6 percent rate for black women and a 31.5 percent rate for black men

- 30.8 percent was the rate for elderly Hispanics; 34.4 percent for women and 26.8 percent for men (Brotman 1983).

It also ought to be recognized that many older Americans live so close to the poverty line that they may not really notice the difference. Looking at the entire 60+ group, we see that in 1981, fully 5 million were below poverty, and another 3 million were within 25 percent of the poor line.

Another measure of income diversity is that the higher the age, the likelier the poverty. For example, nearly 7 out of every 10 72+ black women living alone were officially poor in 1981. Women in general, and minorities in particular, have usually worked in lower-paying occupations than white males, and "therefore have fewer financial assets to rely on after retirement" (Fowler 1983).

A PLETHORA OF DIFFERENCES

Other differences among "the elderly"—in health status, attitudes, hopes, fears, and expectations for the future—appear in later chapters. But one point that bears repetition is that there are probably more differences among people in the so-called geriatric generation than among people in lower age brackets. Gerontologists, or those who study the entire field of aging (as opposed to geriatrics, which deals with illness among older persons), are quite emphatic about this point.

For example, a professional concerned about health care for older individual makes this point:

> This should lead to a growing awareness of the increased variability of diagnostic test values observed in the elderly, and subsequently, **to a more individualistic approach to the treatment of them**. (emphasis added) (Viidik 1982) (IAG p.54)

Similar words of guidance could be heeded by other professionals who work with older persons. Social workers, counselors, hospital receptionists and assessment teams, and educators who welcome elders back to classrooms—all would do well to keep in mind the rule of diversity, rather than assume uniformity, when they deal with aging.

The same is true, of course, for journalists.

Why more differences than similarities among old persons?

Of all the reasons cited by gerontologists, one of the most obvious is that older people have lived longer than younger people, have experienced more, and—the longer they live—have lost more. The so-called "insults" of aging—loss of one or more physical capabilities, of a spouse, of identity associated with a job, of friends either through death or slow estrangement, and of much more—combine to affect individuals in highly individualistic ways. Another dimension to the differences is provided by the observation that:

> There is far greater variability in the chronological age at which a given psychic crisis arises. That is, older persons who reach similar **stages** may vary widely in their **ages**. For example, the ages of various parents when their children leave home vary widely. Similarly, the stage of retirement may occur for one person at 55, another at 65, and still another at age 85... A 40-year-old and a 60-year-old may share the stage of one's children being grown. The 40-year-old, however, may not have yet experienced menopause or the male climacteric, and may still be working "uphill" to master the vocational role. The 60-year-old may be nearing retirement, and may have experienced age-related deaths among family members and peers" (Brody forthcoming).

Another measure of differences among our older population is suggested by census figures providing the following breakdown of the 65+ populations:

In 1982 (US Census, 1983):

8.9 million were between 65 and 69
7.1 million were 70-74
5.1 million were 74-79
3.1 million were 80-84
1.6 million were 85-90
620,000 were 90-94
155,000 were 95-99
and 32,000 were 100+

Look at the variety of life experience suggested by these statistics.

The person who turned 65 years old in 1982 was born in this century, during World War I; in 1917 to be exact.

The 1.6 million persons between 85 and 89 had been born just before the turn of the last century, between 1893 and 1897. The oldest of them might just remember a parent exclaiming about the election of William McKinley over William Jennings Bryan in 1896.

And the youngest of the 32,000 centenarians had been born only 15 years after the Civil War had ended.

Thus, in sheer variety of historical experience, "the elderly" are a mixed lot indeed.

What is the official age for aging?

The UN chose age 60 as its official designation for "the elderly" for a variety of reasons, including a desire to emphasize the fact that the later years of life—when loss and decline are likely to increase—may constitute a fourth, a third, or more of lifetimes (Oriol 1982).

In the United States, a variety of ages are used to designate eligibility for benefits or participation in programs: 65 for full Social Security benefits, 55 to participate in older worker community service programs, and 62 for several housing programs.

Psychologist Bernice Neugarten is generally credited with insisting that distinctions be made among clear-cut groups in the 65+ population. Her division of the elderly into the "young-old" and the "old-old" has been construed to mean that one period ends at age 75, when the other begins.

Professor Neugarten, however, emphasizes that her division is not based on age, but upon health and social characteristics. The "young-old" therefore, are those men and women who are healthy and vigorous retirees and those women who have reduced their investment in their role as homemakers. They are a large group, relatively comfortable financially, integrated members of their families and their communities, relatively well-educated and politically active (1979).

By contrast, the "old-old" are persons who have suffered major physical or mental deterioration in their ordinary social support systems, and who therefore require a range of supportive and restorative health and social services.

Still another way of arriving at broad categories of the elderly is provided in a Census Bureau study statement on the basis for one of its studies:

> When possible, the statistics will be distinguished for the "older population" (age 55 and over); the elderly (age 65 and over); the "aged" (75 years and over); and the "very old" (85 years and over). (Taeuber 1983)

LOOKING INTO THE FUTURE--AS BEST WE CAN

Projections, as we have seen, are important guides to future actions that will probably have to be taken as the aging of population continues.

A number of experts, in fact, use the term "geriatric imperative" to describe the challenge in health care, ranging from new emphasis on health maintenance to a comprehensive array of long-term care and support services. Their concern, of course, is prompted by projections.

But it should be remembered that projections, while highly educated guesses, are guesses.

In 1930, two distinguished demographers tried to look 45 years into the future in an article called "A Nation of Elders in the Making."

A more recent article (Newitt 1983) has found that 1930 forecasts were awry in a number of important respects. The demographers envisioned a peaking of US population at 185 million, tops. As the later critique said: "They had no way of knowing about the baby boom."

As for infant mortality, the 1930 article celebrated the fact that at that time, "only" 60 to 70 babies died out of every 1,000 born. But the authors thought that the lowest rate attainable would be about 35 to 40. But the reality today is that US infant mortality per thousand births now stands at 11 deaths.

The 1930 article did make prescient observations, however, about a number of other issues, including likely future strains on pension systems, and it stands as a small classic in the world of demography. But in the words of the 1983 Monday morning quarterback:

> No one has yet created a systematic theory for anticipating surprises.

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CHAPTER 2
MYTHS ARE MIND-BENDING

Myths, and myth-puncturing, are rife in aging.

Myths are "what everyone knows," but which are unfortunately not supported by available evidence.

Myth-puncturing is what happens when people come up with arguments or data designed to end, once and for all, what they regard as untruths or misleading half-truths.

There are many myths of aging partly because the world has never before experienced an aging revolution, or what the United Nations likes to call the "Age of Aging."

We have a great deal to learn, and a great deal to do, if we are to invent a future that can adjust to the steady rise of mass populations of older persons.

Another reason for the many myths may be the widespread revulsion that people have about other people's aging, and their own. The most common word for that negativistic syndrome is "ageism," but others describing the same phenomenon have used such words as "gerontophobia," and even "gerascophobia" (from the Greek gerasco, meaning, "I age" (Philibert 1981).

Let's look at a few assumptions about aging to help you determine whether you may harbor a few beliefs that other people would consider myths.

MYTH ONE

Since the aging process involves deterioration, it's only natural that older people can't learn easily, work well, or adjust to new situations.

A mountain of evidence exists about learning and adjustment abilities of older persons, and much of it is positive.

A helpful summary is provided by Birren (1977):

> On some intellectual tasks there does seem to be a gain in capability with age. Particularly, there appears to be a continued increase in the amount of information that we have stored within us. All things being equal, if you have good health, you will continue to store information as you age. Your vocabulary is going to be significantly larger at age sixty-five than it was at forty, or even than it was when you graduated from college. Your vocabulary may double, in fact, over those years... This means that intellectual functioning, defined as stored information, is increasing as you age.
>
> But, on the other hand, the information specialists are telling us that as one ages one searches that store of information more slowly. Certain tasks and skills seem easier in early life than in late life. A quick response is a feat of youth. The more reasoned approach is an attribute of old age... Having the opportunity to maximize on our experiences is what gives older people a sense of competence.

The more deliberate approach is also useful at work. Testimony taken during legislative hearings leading to the Age Discrimination in Employment Act of 1967 were replete with expert opinion on the reliability and skills of many older workers. The National Association of Manufacturers was among the most emphatic of witnesses praising of the dependability and usefulness of the more mature employee (US Senate 1968). One solid bit of evidence supporting the idea that people can continue to work productively in the later years is that 2.7 million people age 65 and older were on the job in 1982 (US DoL 1982).

As for adjustments, the older person is making them all the time. One critic of stereotyped thinking about the elderly sums it up this way:

> ...the majority of old people are adapting to a denigrating environment, coping with fiscal and health decrements, seeing their children and grandchildren, frequently maintaining friendships, enjoying sexual outlets and even finding leisure not all that sinful (Hess, 1974).

Sex after sixty has become such a popular topic that a book of the same name is now prominent in the literature (Butler, Lewis 1976). Television talk shows are visited by elderly men and women who describe their attitudes toward sex freely and often with some zest, and a number of film and television productions have acknowledged that there is no age limit on physical expression of love. An informative summary of salient facts is provided by Lewis, 1979.

MYTH TWO

Older people can't help but live in misery; their incomes are low, their health is gone or going, and they are likely to be overtaken by senility.

As reported in Chapter 1, many elderly individuals exist on very low incomes indeed, and many live very comfortably. Once again, we get down to the dangers of generalizing about millions of people who have led quite different lives and who keep changing for all the years of their lives.

Pollster Louis Harris has attracted considerable attention with the surveys on aging he conducted for the National Council on the Aging in 1974 and again just before the 1981 White House Conference on Aging. In both, he provided evidence that people's feelings about aging did not square with the facts. In his roll call of key items tested, he found:

> ...68 percent of those under 65 say a "very serious problem" for the elderly is "not having enough money to live on." Fifty percent of the elderly say the same thing about their peer group. Yet, when we asked both those over and under 65 how serious a problem "not having enough money to live on" was for them <u>personally</u>, no more than 17 percent of the elderly reported this a "very serious problem." Thus, 68 percent of the 18-64 age group say not having enough money to live on is a "very serious" problem for most older people. But only 17 percent of the elderly themselves say that this is the case with them. Ironically, a higher 22 percent of the under 65-age group report this as a serious problem for them personally (Harris 1981).

Similarly, 65 percent of the under-65 thought that "loneliness" must be a very serious problem in old age, and 45 percent of the 65+ agreed with them. But when

it came to describing their own individual situations, only 13 percent of the elderly felt that loneliness was very serious for them personally.

Harris said that the elderly were also perceived to be in much more desperate shape than they actually are on other issues, including poor health, fear of crime, poor housing, not enough job opportunities, not enough medical care, transportation to doctors and recreation, and more. He commented:

> These results, which first surfaced in our 1974 study, should explode the myth that most elderly people in this country are a hopeless, inert mass teetering on the edge of senility, simply waiting out their time to die. Mark it well, the elderly in our society are survivors, resilient and very alive, who want to make a major contribution to the mainstream of life in the work they do and are capable of doing. (emphasis added)

Other findings support the portrait of older persons as more generally healthy than commonly supposed. Most 65+ people have no significant loss of activity due to of disabling illness, and at any one time "only" 5 percent are institutionalized (or about one million people; as chapter 3 will emphasize, the actual challenge of providing long-term care and support for those actually in need is vast enough and needs no exaggeration).

MYTH THREE

There's bound to be increasing intergenerational conflict as the proportion of older persons in this nation increases. Recent moves to make younger members of families more liable to pay nursing home costs under public programs will probably intensify such conflict.

The notion that younger family members "dump" their parents or grandparents in nursing homes at the first opportunity is continually attacked in the gerontological literature, and yet it keeps bobbing up.

Elaine Brody, chief researcher and head of human services at the Philadelphia Geriatric Center (PGC), has firsthand knowledge of the families' efforts to main-

tain their elders at home, and she is prominent among those who declare that families resort to institutional care only when every other resource is exhausted.

Her findings, based on extensive research as well as her duties at PGC, are summed up as follows:

> It is the families who provide—often for years—the sustained ongoing day-to-day health services for institutionalized older people. It is the family that provides 80 percent of medically-related care even for home-care patients—bandage changing, injections, and the like. It is the family...that provides 90 percent of personal care, household maintenance, transportation, home nursing, shopping, cooking, and other services for the impaired elderly. It is the family that mobilizes, coordinates, and monitors as best as possible the limited health and social services offered by community agencies and institutions. It is the family that provides the concentrated and demanding intermittent care at times of acute illness. It is the family...that provides the emotional support, socialization, response in emergencies and just plain dependability so critical to the well-being of the impaired elderly (Brody 1981).

So concerned is Dr. Brody about the heavy load that family care of the elderly—for the most part provided by women—will become intolerably burdensome without realistic "family-oriented" public programs that she asks:

> At what point does the public and professional expectation of "filial responsibility" become social irresponsibility? (Brody 1981)

Another authority on family relationships, sociologist Ethel Shanas, is identified with exhaustive surveys that have established the persistence of strong ties of adult children with older parents. Her data are quoted extensively to show that:

> If people have children, they live close at least to one of them and see at least one child often.
>
> If they have no children (and about 20 percent of the elderly noninstitutionalized population do not), other relatives, siblings, nieces, nephews or cousins often assume some helping functions.
>
> The four-generation family is on the rise, to the point that half of all persons over 65 in the United States with living children belong to them. This trend is causing new adjustments in family dynamics.

Shanas and others emphasize that help patterns among the elderly and their kin are not one-way streets. Citing a survey conducted in 1975, she reports:

> Seven of every 10 persons aged 65 and over with children report that they gave help to their children; the same reported help to their grandchildren, and 5 of every 10 reported help to their great-grandchildren. At the same time that old people report giving help to their descendents, a substantial proportion of older persons, again 7 of every 10, report receiving help from children (Shanas 1980).

The kind of help given to older persons, or provided by them, was similar: help with home repairs and housework, care in illness, and various kinds of gifts. Two-thirds of those older persons who were interviewed provided personal care described as "baby-sitting," or "having the children stay with me," making things for the grandchildren or great-grandchildren, and giving them money or other gifts.

Is family cohesiveness likely to be buttressed or weakened by Social Security? That question may seem rhetorical since Social Security is now approaching its 50th anniversary of enactment. It seems to be part of the economic and social landscape. But in the last half-decade, many questions have been raised about long-range consequences of a system that has altered the ways in which people think about their parents' futures, and their own.

Juanita Kreps, who before she became secretary of commerce in the Carter administration was already esteemed as a serious economist interested in aging, has portrayed Social Security as a means of strengthening family solidarity, rather than reducing it:

> One possible effect of the aged's decreased financial reliance on their own children would be a change in the quality of the intergenerational relationship, from one of dependency to one based on mutual interests, affection, and psychological support. To the extent that aged parents cease to be an economic burden to their children, vying for the family's limited resources, frictions within the family should be greatly reduced... The freedom from the burden of providing economic support to one's aged parents is of course counterbalanced by the necessity of paying taxes out of which the economic support is funded. Thus the middle generation's escape from financial responsibility for the aged (and the aged's escape from dependence upon their children) is illusory. But the illusion is important nevertheless--perhaps more important than the reality. For the payment of taxes is compulsory and the receipt of benefits is virtually universal. As a result the aged's income is guaranteed, being disassociated from any caprice of their own children (Kreps 1977).

Kreps gives only a tentative yes to the question: have the shifts to intergenerational support (as opposed to intrafamily support) resulted in conflicts of interest that set one generation against another? One of her concerns is that the true nature of Social Security is misunderstood: people still think of it as their own personal claim on an amount deposited by them and due to them (and in the 1982-83 conflict over Social Security, critics of the system made much of this misconception, claiming that the public had been seduced into believing a fundamental untruth).

Evidence that the public must appreciate the advantages described above is provided in these findings from the Harris survey:

- 92 percent of those surveyed disapprove of reducing benefits for persons already retired; only 6 percent approved.
- 85 percent disapproved of reducing benefits for those retiring in the future, as compared to 11 percent who approved.
- 72 percent disapproved of reducing cost-of-living adjustments in retirement benefits; 21 percent approved.
- 64 percent disapprove of giving Social Security benefits only to elderly persons who can prove they have little or no income, but here 32 percent approved.

Journalists and students of journalism are not, nor would they want to be, arbiters of what is right and wrong about the beliefs or prejudices of the American public. Even those who write under the heading of interpretative journalism are likely to relate their judgments to the available evidence.

In aging, ill-founded biases can have sharply negative consequences. A reporter, or a reporter in training, should keep asking: am I influenced by my facts or fictions about aging? The theme of self-inspection will be amplified further in chapter 4, but it is necessary to acknowledge (as I did in a pamphlet I recently prepared for the National Council on the Aging (1982):

> Almost anything one cares to say about the so-called "elderly" is likely to have some truth to it.
>
> Yes, health problems are more frequent, but immobilizing disability is far less than commonly supposed.
>
> Yes, poverty and other levels of economic distress are higher than they should be, but older Americans are increasingly recognized as a highly desirable market for goods and services.
>
> Yes, older and younger members of the same families may be separated geographically, but strong ties are the rule rather than the exception.
>
> Yes, old age brings losses, including the statistical probability that the wife will become a widow, but new lifestyles can—and do—help people cope with such difficulties.
>
> Yes, the nation's work force is accommodating large numbers of "baby boom" adults seeking jobs and promotions, but employers are beginning to realize that they increasingly will need to find ways to keep older workers on the job.
>
> Yes, many older persons resist group activities with other older persons, but many others are finding new roles and great enjoyment with their age peers in a multitude of settings and activities.
>
> <u>In short, there is no typical older American any more than there is a typical younger citizen.</u>
>
> <u>But there are facts about aging that should be known not only to persons now called old but also to all persons who will some day be old themselves.</u>

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CHAPTER 3
THE GOVERNMENTAL RESPONSE

Is either one of these statements true:

- Older persons in the United States are favored by government, especially at the federal level
- Older persons are dealt with unevenly by government; those most in need may often be least served

The correct answer is, of course: it depends.

Here again, we encounter the problem with aggregates: it's misleading to center attention only on one aspect of, or group within, the 26.6 million persons we call old.

What's needed is a look at the spotty impacts of governmental apparatus now in place.

THE BEGINNINGS: SOCIAL SECURITY

Social Security in 1982 and 1983 faced an especially intense inspection of its fundamental objectives and soundness.

The compromise agreement, as signed into law, almost totally sustained the essential principles of the system. It would remain universal and compulsory. It would continue to link the benefit levels to payroll contributions made over the work years. Aging advocates' concern about certain of its provisions—such as the gradual raising of age eligibility for benefits and the taxation of benefits for those above a relatively high total income level—was balanced by their gratification about the new recognition of the apparently firm conviction among legislators and the general public that the system had to be continued, even if slightly modified.

So ingrained as a feature of everyday life has Social Security become, in fact, that the struggle for its establishment nearly a half century ago may be only dimly perceived today. Yet it was an uphill struggle that could not have been won without the pressures of an excruciating Depression. The historic significance of the victory of Social Security in 1935 is described by historian Andrew Achenbaum:

> It opened a new chapter in the history of old age in the US by establishing the first nationwide institutional structure to assist older Americans. Large-scale organizations henceforth played an independent and significant role in transforming popular attitudes about the physical, mental, psychological, and behavioral aspects of senescence. They also provided or led to the establishment of unprecedented options for those who were old as well as for those preparing for their old age, and thereby affected the aged's actual status in society. The creation and subsequent expansion of governmental bureaucracies, private agencies, and professional bodies to deal with the elderly's problems at the national level, in fact, have been instrumental in shaping many of the distinctive features of growing old in America today (Achenbaum 1978).

Thus, from the beginning, Social Security gave promise of stimulating changes in the ways that individuals, families, and policymakers regarded aging and the aged. The gradual addition of protections beyond the retirement benefits is an intricate story well worth close study by reporters covering any aspect of Social Security. A good place to start is former Social Security commissioner Robert Ball's 1978 book, Social Security today and tomorrow, [Columbia University Press, New York, NY] which briefly sketches the history of a system seen by Ball as so significantly altered by the 1970s legislation that he regarded it as an almost completely new social and economic entity.

The Senate Committee on Aging, in its latest annual report, makes some important points about the current status of Social Security:

- For one thing, the system is only now becoming a mature social insurance program. It is only in the 1980s that the first generation of lifelong contributors will retire and begin to draw benefits. In addition:

> Also during this decade it is expected that payroll tax rates, eligibility requirments, and the relative monthly benefits will finally stabilize at the levels planned for the system. With the provisions of the program established, the task for the Congress is to resolve the financing problems which develop in the Social Security program when the economy follows unpredictable patterns.

- In measuring the value of the system, there are some features that should be factored into any equation:

> First, Social Security provides younger workers with protection from having to bear the unpredictable and random costs of financial support for their own aged parents and relatives. The pay-as-you-go financing for Social Security, seen from this perspective, uses periodic payments by younger workers to insure their own earnings against the cost of individual parental support.

- This point, similar to arguments described in chapter 2, is buttressed by the further observation that:

> This aspect of the program justifies universal coverage, since exemptions from coverage permit individuals to pass to others the costs of supporting their own parents. It also justifies features that will provide adequate retirement and survivors benefits, so that younger workers will be fully protected from having to supplement the incomes of their relatives.

- A second major point is that Social Security provides workers and their families with a "floor of protection" against sudden loss of their earnings due to their own deaths, disability, or retirement. (Many supporters of Social Security, during debates about the future of the program, lamented that its protections for younger persons are usually overlooked or given only glancing attention.) The Senate Committee notes:

> This insurance is intended to protect only a portion of the income needed to preserve the previous living standard of the worker and his family, and is to be supplemented through private insurance, pensions, savings and other arrangements made voluntarily by the worker.

- Finally, when the younger workers are no longer young, they receive a retirement benefit related to each worker's own average career earnings,

The Committee comments:

> This mixture of features in the Social Security program has been the source of public confusion about the program over the years. The similarities between Social Security and a pension system, for example, have led many people to believe that the system is funded, as a private pension might be, through workers' contributions invested in a trust fund account and used to pay benefits in the future. Others focus on the rate of return on contributions—as if Social Security were a form of individual investment. A program with the essential social functions and multiple purposes of Social Security defies comparison with other financial or insurance vehicles (US Senate 1983).

Criticisms of Social Security are widespread and will be described elsewhere in this chapter. But in terms of sheer size and involvement among the people of this nation, the many programs clustered under the Social Security banner are worthy of a certain amount of appreciation and understanding by those who report on any aspect of them.

As 1982 began:

- About 94 percent of all 65+ Americans were drawing Social Security benefits, or were eligible to draw benefits if they or their spouses retired.
- About 95 percent of the people who reach 65 in 1982 were eligible for benefits, and this percentage will probably be 96 by the end of the century.

In September 1982:

- 35.6 million people were receiving monthly Social Security cash benefits. Of them:

  20.6 million were retired workers

  3.6 million were dependents of retired workers

4.1 million were disabled workers and their dependents

7.3 million were survivors of deceased workers

65,700 were uninsured individuals receiving special age-72 benefits (known as "Prouty" benefits, for the Republican Senator who became concerned about the lack of retirement protection for many of the farmers in his home state, Vermont, and elsewhere)

- The monthly amount of benefits was $13.2 billion. Of this amount:

  $9.3 billion went to retired workers and their dependents

  $1.3 billion went to disabled workers and their dependents

  $2.5 billion was paid to survivors

  $8 million was received by special age-72 beneficiaries

  For fiscal year 1982 (October 1981 to September 1982), an estimated total of $152 billion in Social Security benefits were paid.

- Retired workers received an average monthly benefit of $417, and disabled workers received $442 (US Social Security Administration 1983).

SUPPLEMENTARY SECURITY INCOME (SSI)

Congress approved this program in 1972 to provide a floor of income for aged, blind, and disabled people who had insufficent Social Security or other resources. Federal tax revenues pay for the cost of the program, but states may supplement the payments to individuals. Thus, levels vary from state to state.

In September 1982:

- Of 3.9 million SSI beneficiaries, nearly 1.6 million were aged; 2.3 million were receiving payments based on blindness and disability, although 453,000 of them reached age 65 after they began to get payments.

- Total SSI payments for the month were $774 million. For fiscal year 1982 the total was $8.6 billion, consisting of $67.8 billion in federal funds and $1.8 billion in federally administered state supplements (US Social Security Administration 1983).

MEDICARE—IMPERFECT, BUT IN DEMAND

It's possible to be confused about the frequent statements that Medicare is part of the Social Security system. It is now run by the Health Care Financing Administration (HCFA) rather than the Social Security Administration. It does not send its checks to individual beneficiaries, but rather to the providers of services, working through intermediaries.

But from the beginning, Medicare was seen by its supporters as a broadening of the insurance-like protection offered by Social Security. Payroll contributions would be made to cover hospital costs. For doctors' and other medical costs, a sharing of federal funds and participants' premiums would be put in place.

The objective was to give significant protection against health care bills that could wipe out the economic security of older persons and their families. The need was pressing; a Senate Subcommittee announced in 1960 that half the aged—approximately 8 million people—could not afford adequate medical care. In addition, less than one-half of the 65+ group had even partial insurance covering all or some

hospitalization costs (US Senate).

Greeted as a major victory for aging when enacted in 1965, Medicare has been credited with significant advances in health care for older people. Built-in shortcomings, however, have been under fire almost since the beginning of the program. Medicare is impressive nevertheless in its operational statistics:

- In 1979, 16.9 million aged or disabled persons received reeimbursible services under Medicare
- $28 billion was spent for Medicare enrollees
- The average Medicare reimbursement was $1,663 (US HCFA 1983)

MEDICAID—BEARING A HEAVY LOAD

Medicaid is for low-income persons of all ages; federal funds are provided on a matching basis to states, which have considerable discretion as to the services Medicaid funds may cover. Eligibility standards also vary from state to state.

Increasingly, Medicaid is becoming the single highest cost item in many state budgets (Luehrs 1983). State legislatures are spending a considerable amount of time attempting to reduce overall costs. Older persons figure prominently among the beneficiaries of Medicaid expenditures and of course are affected directly by cutbacks or other changes in service availability.

One of the ironies frequently mentioned in comparisons of Medicare and Medicaid is that Medicaid provides its low-income participants more readily with important services or protections that Medicare does not.

Medicaid is the major vehicle for paying nursing home charges; Medicare

sharply restricts the institutional care provided after release from a hospital.

Vital items such as dentures, prescription drugs, and eyeglasses have been provided by Medicaid, but are usually unavailable under Medicare.

Medicaid statistics are impressive, even during a period of retrenchment:

- In fiscal year 1981, total expenditures were $30 billion
- There were 22.1 million Medicaid recipients; 3.6 million were elderly
- Nursing home costs came to 39 percent of Medicaid expenditures

THE OLDER AMERICANS ACT

Medicaid came into law during the same year as Medicare, 1965. So did the Older Americans Act (OAA), with far less fanfare than the other two programs.

One of the notable features of the OAA is that it sought to have states establish clearly identified agencies that would devote full-time attention to aging. Federal funds would go to such agencies for a variety of uses, each intended to improve the well-being of older persons (age 60 is the official age for participation in OAA programs). It soon became clear that the state units needed more help at the local level. In 1973, acting on an initiative of the Nixon administration, the Congress approved amendments intended to establish area agencies on aging (AAAs) throughout the nation.

This "network" is now in place. Each state has an agency on aging, and there are more than 660 area agencies throughout the nation.

Much of the federal funds sent to the network under a formula related to the elderly population of each state is used for a wide variety of social services, as well as access to those services. A major share of the support goes for group

meals or meals delivered to residences. Area agencies are instructed to act as brokers for the provision of services; they usually contract out for actual delivery of services to those private agencies available in the community. When such agencies are not available, the AAA may have to provide the services direct.

The federal agency responsible for distributing the funds to the state agencies—and ultimately, area agencies—is the US Administration on Aging (AoA). Congress over the years has raised questions about placement of the AoA within the bureaucracy. In the early 1960s, there was a determined push to establish an independent unit free of any standing federal department. But the AoA began as part of what was then the Department of Health, Education and Welfare, and is now Health and Human Services (HHS). AoA does its work within the HHS Human Development Service.

According to an official AoA report, in fiscal year 1982 the following activities took place under the Older Americans Act:

- Area agencies received $541.9 million for supportive and nutrition services and $37.9 million for administrative purposes.
- Approximately $101.6 million went to "access" services such as transportation, outreach, and information and referral.
- In-home services such as homemaker and home health aide, visiting and telephone reassurance, and chore maintenance accounted for $37.2 million.
- Legal services totaled $13.5 million.
- Other community and neighborhood services such as residential repair, alteration and renovations, health service, physical fitness programs and

preretirement and second career counseling were supported by $73.5 million.

Official AoA figures state that 9.1 million older persons received services of the kind listed above, and that 1.6 million of them were minority and 4.7 million were low-income persons.

- As for the meals programs, about $247.5 million went to group meals, and $68.4 million to home-delivered meals.

AoA reports that 3.3 million persons were served, including 2 million low-income and 603,805 minority persons, by the meals programs (AoA 1983).

RELATED PROGRAMS

State and area aging directors have a broker role under the Older Americans Act, as noted before. They are supposed to tap into any funds available through public or private sources. Therefore, in those states and areas where the brokerage function is strongly supported by state and local elected officials, the state and area directors can make good use of an array of programs that are not age-specific, but that are not closed to aged recipients, either.

This is due in some degree to aging advocates insisting during the 1960s and 1970s that general-purpose programs include older Americans among their beneficiaries. (I can speak from personal experience about the actions of the Senate Committee on Aging in the mid-1960s regarding to the high-powered War on Poverty then underway. I looked into the statistics and found a high degree of want among older Americans. I looked into the plans of the Office of Economic

Opportunity and found very little attention to or understanding of the needs of poor older persons.)

At that time the War on Poverty had high priority. It was conceivable that it would supplant prior social-purpose programs as a force for economic and social justice among all age groups. It seemed inconceivable that the Senate could let this great experiment go by without due consideration of the elderly poor. And so hearings were held; pilot programs for older persons were formulated and put into place; and it became recognized that the antipoverty efforts of the Great Society would have been incomplete without due attention to the elderly poor, including those who did not become poor until they became old.

The War on Poverty experience is mentioned because it typifies the strategy bearing the inelegant title, "getting the nose of the camel under the tent."

In other words, admirable as the intentions of the Older Americans Act were, it was clear in the Washington, DC, scale of values that it was small potatoes as far as budget allocations were concerned. It became necessary to argue that aging should have a place in major ongoing programs, such as the War on Poverty, or any others that came along. The need for such action was documented later in the US Civil Rights Commission report which criticized the response of general-purpose programs.

The community mental health network, for example, was seen as distinctly unresponsive to aging; only 4.1 percent of persons treated were 65+, even though approximately 18 to 25 percent of the 65+ population, according to the National Institute of Mental Health, have disorders that interfere severely with their ability to function on a daily basis (US Civil Rights Commission 1977).

Similar concerns led to efforts, notably by the House and Senate Committees

on Aging, to assure that discrimination based on age in federal programs would be challenged at every opportunity. Close attention has been given to such programs as:

Food Stamps

Since its beginnings in 1964, this high-impact program gradually increased its scope until challenged by budget-cutters in the 1980s. In 1982, its total cost was $10.2 billion. The Department of Agriculture estimates that in 1982, about 9 percent of participants, or 2 million persons, were 60 and over. About 1.1 million of them were single elderly persons (US Food and Nutrition Service 1983).

Title XX (Now Social Services Block Grant—SSBG)

Federal-state cooperation to provide social services to low-income persons of all ages has a long history. State welfare agencies were encouraged in their attempts at help when, in 1956, federal funds were authorized for administrative expenses related to personal care and a multiplicity of needs that cash benefits alone could not remedy (Bloom 1973). Finally, in 1962, federal matching money was made available to reduce dependency, help strengthen family life, or attain capability of selfcare and self-support. Congress became alarmed at the open-ended expenditures of then Title XX, and set a limit of $2.5 billion in 1972. After several increases, the ceiling was $2.9 billion in 1981, when it was superseded by a Social Services Block Grant (SSBG) with funding authorizations ranging from $2.4 billion in fiscal year 1982 to $2.7 billion in fiscal year 1986.

Title XX and its successor are not age-specific, and the competition for funds at the state level is often intense. But services for older persons increased over

the years; the Office of Management and Budget has estimated that in fiscal year 1981, approximately 21 percent of Title XX funds benefited the elderly (US Senate 1983). Under SSBG, reporting requirements have been relaxed; no estimates of services to the elderly are available for the first year of the new program's operations (US HDS 1983).

Legal Services

Many persons have no real contact with government, except to pay their income taxes, until they become officially "elderly." They may therefore be overwhelmed by the complexity of programs or problems they must grapple with to obtain rights or benefits due them. Or they may wish to resolve problems that endanger their economic or emotional security (e.g. they may be told one day they have to move from their apartment house to make way for its transformation into a condominium).

Older Americans Act funds may be contracted out for legal services for older persons; in 1982 about $9.1 million was used, ranging from $1.4 million in California and $433,066 in New York to $9,020 in South Dakota and $5,194 in Kentucky (US Senate 1983).

The US Legal Services Corporation, established in 1974 to continue activities begun under the War on Poverty, also funds local legal aid projects serving people with incomes below 125 percent of the official poverty line. The 1982 estimated number of 60+ persons served was 14 percent of the total caseload, at a time when the LSC budget was $241 million (US Senate 1983). Efforts are made to involve the private bar in delivery of services. (See chapter 6 for description of the American Bar Association Commission on Aging.)

Housing

Since 1959, a program to provide low-interest loans to private nonprofit sponsors to build new housing specially designed for older persons has been on the law books. This Section 202 program has been described as one of the Department of Housing and Urban Development's (HUD) most successful programs. Since 202 was overhauled in 1974, approximately $3 billion has been reserved, representing 2,300 projects and 147,000 units (US HUD 1983).

Section 8, another HUD program, subsidizes part of the rent paid by low-income households with incomes too low for satisfactory housing in the private market. Of 1,873,827 new units receiving Section 8 assistance in October 1982, 41.6 percent were for the elderly. Section 202 tenants are among those helped by Section 8 (US HUD 1983).

Public housing dates back to the United States Housing Act of 1937, when it was regarded by the Roosevelt Administration as primarily a means of slum clearance. It was not until 1956 that public housing units expressly designed for older persons were authorized, but not all older public housing tenants live in them. In fact, a considerable number of persons have become elderly while living in public housing. As of October 1982, about 42.9 percent, or 638,375, of the nation's public housing units were occupied by the elderly (US HUD 1983).

Rural areas are served by the Farmers Home Administration, which has as its centerpiece the Section 515 rural rental housing program for persons with low and moderate incomes and for those aged 62 and older. Of $953.6 million obligated for loans in fiscal year 1982, approximately 24 percent went to housing for the elderly (US FmHA 1983).

A tiny but significant program called congregate housing provides supplemental funding to public housing, Section 202, and Section 515 to help partially impaired elderly and handicapped tenants maintain themselves in the community. Meals and other services are provided, with coordinating help from the local Older Americans Act area agency on aging. This rare example of interdepartmental teamwork is still in the demonstration stage. At the end of 1982, more than 60 congregate housing services projects had been funded, committing $20 million (US HUD 1983).

Employment

Efforts to increase older persons' participation in the Comprehensive Employment and Training Act (CETA) programs have been fairly persistent, but in 1980 the participation of those aged 55-64 was less than 6 percent; for the 65+ it was less than 1 percent (US Senate 1982). In 1982, total 55+ participation was 26,000. CETA has been superseded by the Job Training Partnership Act.

Low-income persons 55 and over are the sole participants in the Senior Community Service Employment Program (SCSEP), which works through national contractors and state governments to place these older workers in a variety of jobs to meet local needs. So popular has this program become that the Congress in 1982 overrode a presidential veto that would have eliminated it. In 1982, SCSEP supported 54,200 positions at an appropriations level of $277.1 million (US DoL 1983).

OTHER PROGRAMS

There are other programs serving the elderly, with varying effectiveness. For example, low-income energy assistance and weatherization, funding from varying

sources for specialized transportation systems, and HUD home repair and community development block grants. A definitive list is not provided for two reasons: (1) the scope of this book (2) funding of many programs has changed rapidly since 1981, and other cutbacks or modifications are likely.

But perhaps the point of even this abbreviated catalogue of federal programs wholly or partially open to older persons has been made: the impulse to alleviate the perceived needs of older Americans, either through designing programs solely for them or insisting that they be served by broader programs, has produced a complex and sometimes confusing plethora of services and eligibilities. The US House Select Committee on Aging (1977) once declared that as many as 200 federal programs were providing major assistance to older persons; another study narrowed it down somewhat, to eighty, administered by too many bureaus for too many purposes with too little funding (Estes, Lee 1979).

At the federal level, interagency communication has been encouraged. Some state agencies on aging have been given the power to channel funding from the former Title XX funding and other sources. Area agency on aging directors under the Older Americans Act tend to spend a great deal of time trying to link services from multiple sources at the local level.

But the big complaint, that the patchwork of services is unwieldly and of limited help to those who need help the most, is heard with increasing frequency.

OTHER COMPLAINTS ABOUT NATIONAL POLICY ON AGING

Critics charge that government is doing either too much or too little.

Those who want to reduce the federal role point to high budget outlays: in 1982, the sum said to be allocated for federal aging programs was $200 billion. How far, ask those concerned about "the graying of the budget," can this trend be expected to go?

Prompted by more than mere desire to reduce budget outlays are those who say that federal policymakers have to be more selective and efficient if they are to help those in unfortunate or even desperate circumstances.

One problem, according to Northwestern University professor Bernice Neugarten, is that age, rather than need, is a criterion for eligibility in programs such as Social Security, Medicare, and the Older Americans Act. Acknowledging that means-testing is anathema to politicians and probably to many older Americans, she nevertheless urges national leadership to grapple with the issue and develop acceptable proposals (Neugarten 1979).

Similar complaints have long been issued, in sometimes thunderbolt style, by political scientist Robert Binstock of Brandeis University. Once the director of a task force established by Lyndon Johnson to study national aging policy, Binstock takes a panoramic view of US aging policy. He squarely challenges Social Security as the major vehicle for assuring income adequacy in retirement, asking instead for more direct help to those in need, without the "regressive payroll taxes used to finance Social Security" (Binstock 1983). Binstock has also been blunt about advocacy organizations that, in his view, tend to support advantageous treatment to middle-class retirees, rather than to the poor and near poor (Binstock 1972).

Another far-ranging view of policy shortcomings is voiced by Carroll Estes,

director of the Health Policy Center at the University of California in San Francisco:

> The aged who are not poor have the resources to permit access to public and private services without the necessity of government intervention. They also receive a disproportionately high share of the benefits from the largest programs for the aged (such as Social Security, Medicare, and retirement tax credits). Most social services policies tend to favor the newly poor in old age, largely because they are thought of as both deserving and deprived. Services have been designed largely to assist the recently deprived aged in maintaining their lifestyles, rather than to provide the more crucial life-support services (such as income) needed by the poor aged. The aged who have been lifelong poor are assisted largely through inadequate income-maintenance policies, such as Supplemental Security Income, Medicaid (which is highly variable from state to state), food stamps, and the Social Security minimum benefit (now available only to current, not future, beneficiaries). (Estes, Newcomer 1983)

Agreement on targeting federal assistance to the neediest is far from universal. There is skepticism about the strength of programs that do not have strong middle-class support; the fate of most of the War on Poverty programs lends credence to that position, and so does the fate of several programs scrapped under the Reagan-congressional onslaught of 1981. Many critics of existing policies, in fact, argue against wholesale destruction of the present federal structure, because they regard such dismantling as a retreat from federal responsibility rather than as a promising experiment in organizational and ethical reform.

Aside from global critiques of overall aging policy, one problem area that promises to become even more critical is the quality and availability of sustained care inside and outside of institutions for those with one or more chronic illnesses.

LONG-TERM CARE — LOPSIDED AND COSTLY

Sustained attention to chronic illness among older people is often thought of as happening in nursing homes almost exclusively. But the high cost of such care, $15 billion in 1980 and expected to reach $40 billion by 2040 even without adjusting for

inflation (Rice, Feldman 1982), is adding urgency to calls for a more balanced and comprehensive approach. So-called alternatives—such as home health care, home help so semidisabled persons can maintain their quarters, greater availability of home-delivered meals—are urged more to reserve institutionalization for those with no alternatives than to reduce nursing home patient rolls, which are certain to increase as the old-old continue to increase dramatically.

The "institutional bias" is also criticized in Medicare, which is said to be too reliant on hospital care and not receptive to less costly possibilities. There is some hope that the new prospective reimbursement system effective October 1983 will cause hospital directors to rely more on community resources that may reduce hospitalization of older persons and perhaps others.

But until a more balanced system evolves, the situation in 1983 was still roughly what it was a few years before when Stanley J. Brody of the University of Pennsylvania at Philadelphia declared that 30 times as much funding was being directed to institutional care as for noninstitutional care and help (Brody 1979).

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CHAPTER 4
ONE MORE TIME—COULD YOU BE A CLOSET AGEIST?

Some of the dangers of negative attitudes to aging have already been suggested. Here are a few more, all related, for the moment, to health care professionals.

Schools of medicine have been regularly criticized within the last few decades for inadequate attention to geriatric medicine. And yet, a fundamental principle in caring for the aged is that they often fail to display classic symptoms of very real health problems.

Thus, a physician observes that many older persons with certain kinds of heart attacks have no pain when examined, in sharp contrast to younger persons. He adds that many elderly individuals with appendicitis do not undergo surgery as early as they should, because old people often have many other symptoms resembling signals of acute appendicitis.

As a result:

> ...with their older tissues and delayed surgery, the incidence of rupture and appendiceal abscess of peritonitis is much higher in the elderly—from 3 to 10 times higher—than in a younger population. (emphasis added) (Besdine 1981)

Another source of much confusion among caregivers are older persons' highly individualistic reactions to drugs:

> For many [older] persons, the use of drugs offers the most consistent relief from pain, yet drugs sometimes produce side effects that can be particularly devitalizing or disorganizing to older people—dizziness, loss of appetite, weakness, nausea, or dulling of consciousness. Twelve of the twenty-two most frequently prescribed drugs have a sedating effect. Elderly people often fear drugs on the basis of frightening past experiences, and at times clarity of consciousness and preservation of strength may be more important than absolute freedom from pain. (Butler, Lewis 1977)

Another example, given by a Harvard professor with long experience in geriatrics:

> Studies of the influence of age on glucose tolerance indicate that normal elderly individuals are less capable of metabolizing glucose than are young individuals. Application of the generally accepted criteria for chemical diabetes, which are based largely on young individuals, results in a classification of about 50 percent of individuals over 60 years of age as chemically diabetic. A physician not familiar with this might order a glucose tolerance test on an elderly patient and, on the basis of a result normal for the patient's age, place the patient on an oral antidiabetic agent, which he does not need or might even be harmful; or perhaps instruct him unnecessarily to limit his free sugar intake. (Rowe 1981)

Physicians and other caregivers who fail to differentiate between younger and older patients may not be overtly ageist. Some of their best friends may be old. But they are laboring under shortcomings in the training given in schools of medicine and elsewhere. It is encouraging that self-criticism in the medical community is apparently on the rise; one positive sign is a comprehensive analysis of the problem recently released by the Association of American Medical Colleges (AAMC 1983).

And now a test for you, the reader. As you read the above paragraphs about older patients, did you tune in to a fixed attitude? Did you find yourself wondering why all the fuss about older patients when, after all, they have less time on this planet, probably, than younger persons?

If this was the case, and you are honest enough to admit it, think about it for a while. You would not, certainly, raise the same question about a parent or grandparent, but when it comes to that great abstraction, "the elderly," does it somehow become easier to write off years of other peoples' lives?

The answer to that question is not easy. And neither is it safe to assume that all our ageist attitudes are completely banished from our subconscious.

A few years ago, after I had worked almost a decade in aging, someone asked

why I hadn't grown a beard, then the thing to do on Capitol Hill. I blurted out that I was afraid it would be "all gray."

That answer, for someone so long in the field, would have been unfortunate enough under any circumstances, but the questioner was the convenor of the Gray Panthers.

She looked at me quizzically, but went on to other things.

To this day, I have not grown a beard. And have almost convinced myself that ageism has nothing to do with this preference.

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Association of American Medical Colleges. Proceedings of the regional institutes on geriatrics and medical education. 1983. This 137-page book is worth requesting from AAMC (One Dupont Circle NW, Suite 200, Washington, DC 20036) by medical writers or by others who want to know more about the distance yet to go before geriatrics receives the attention it deserves at medical colleges. In pursuing this subject, the highly informed authors of the informative chapters provide insights into their interpretations of the nature of aging and its effects upon the human body.

Beadine, Richard. The content of geriatric medicine. In Anne Somers and Dorothy Fabian, eds. The geriatric imperative: An introduction to gerontology and clinical geriatrics. Appleton-Century-Crofts, New York. 1981.

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OTHER USEFUL SOURCES

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Butler, Robert. Why survive? Being old in America. Harper & Row, New York. 1975. This is the book that won Butler the 1976 Pulitzer Prize. Much of his statistical information is now outdated, and there has been significant progress in dealing with at least a few of the problems he grippingly depicts. But there is good reason to ponder many of Butler's points. His chapters on nursing homes, prescription drugs, and the politics of aging have attracted much attention; but not to be overlooked are the reflective chapters, "The gift of life," "Loosening up life," and "Growing up absurd."

Henig, Robin. The myth of senility. Anchor Press/Doubleday, Garden City, NY. 1981. An angry, well-documented protest about the damage done by the frequent, careless diagnosis or labeling of a person as "senile" when in fact an eminently treatable disorder may be causing the problem.

Jacobsen, Beverly. Young programs for older workers--Case studies in progressive personnel policies. Von Nostrand Reinhold Work in American Institute Series. New York, 1980. Information about innovative work arrangements to use older worker talents and experience.

Moore, Shelley. 32 million older Americans-- A handbook for employers on the trends, issues, laws, and strategies pertaining to older workers utilization. This concise, information-packed booklet is available from the National Urban League, 500 E. 62nd Street, New York, NY 10021. 1982.

Ragaway, Martin. Don't even think of retiring until... Price/Stern/Sloan, Los Angeles, CA. 1983. For a mere $1.75 at airport news stands you can buy this slim book to answer any doubts you might have about how rampant ageism is in our society. It offers jokes and cartoons dedicated to perpetuating old images about retirement years. Typical of its humor are the following, all under the heading "It's time to throw in the towel when":

"You'd fall apart completely if it wasn't for static cling."

"...you get winded opening the centerfold of Playboy."

"...the products you bought with lifetime guarantees were made by companies that have since gone out-of-business."

PART TWO

FINDING THE SOURCES

Forget about telephoning someone and saying, "Tell me all about aging."

This does indeed occur, even now. While Staff Director of the Senate Committee on Aging, I received many such calls, or others less encompassing, and did what I could to help.

But aging is not a sometime topic, to be summed up in a few quick questions and a few responses, helpful or otherwise.

It requires homework and some ingenuity if the reporter is to identify new developments, make interesting and original linkages, and interest readers, viewers, or listeners.

Ideally, to best use the information about sources provided in the next few chapters, you should have an unlimited telephone budget and an office library capable of buying all cited books on the spur of the moment.

This isn't likely to be the case, but journalists know all about shortcuts. A good way to obtain federal agency reports in a hurry, for example, is to ask a friendly member of Congress to obtain one for you. If you work near a university that has a gerontology center, check out its library and make yourself welcome there. You will discover that, for the most part, gerontologists and others who work with them have a strong desire to communicate, and they have a liking for the field.

In any case, please note that some sources are identified as potential channels to good interviewees, including older people themselves and those who work directly with them.

Aging, after all, is a personal odyssey as well as a national trend.

CHAPTER 5
GOVERNMENT: FEAST AND FAMINE

One way to drown in Washington, DC, is to sign up on every mailing list for all available government publications, many of them free for the asking. This is true, even yet, despite determined efforts for at least a decade to pare down publications by departments, agencies, and individuals. It's not only the executive branch, mind you. The Congress adds to the avalanche: newsletters, transcripts of hearings, committee reports, speeches, and important messages delivered for "back home" consumption via radio and television.

This chapter gives samples of governmental sources helpful to those who write about aging. It is by no means exhaustive, but it may help readers identify a few landmarks along the routes they choose.

THE SENATE AND HOUSE COMMITTEES ON AGING

As a staff member emeritus of the Senate Committee on Aging, I may appear awry in the priority I place upon congressional units mandated to keep tabs on national issues relating to the well-being of older Americans.

On the other hand, the reason for such Committees is that the Congress recognized that aging could not be shoehorned into any one legislative committee; it encompasses too much. Thus, the prestigious Senate Finance and the House Ways and Means Committees list Social Security, Medicare, and tax policy among their responsibilities, yet even those momentous segments of their jurisdiction cover only part of the aging scene. Other committees deal with specific legislation related to the Older Americans Act, initiatives in long-term care, housing, transportation, and so on.

Such "legislative" committees, however, can deal with only a few issues or bills at a time. What is needed, as well, are units with the responsibility to pull together all of the public policy facts about aging. And so, the Senate established a "special" committee on aging and the House of Representatives has its "select" committee on aging. Neither has legislative power; neither can receive bills and report them for floor action. Their job is to identify important issues; add information about them through hearings, studies, or investigations; and devise recommendations and strategies for followup action.

Therefore, a good way to track down issues and the status quo of aging legislative issues is to start, not by searching for the committees that have jurisdiction over the matter of interest to you, but with the fact-finding units on aging in each House of the Congress.

THE SENATE COMMITTEE

It now lists 19 senators as members, and it is a permanent Senate unit (in contrast to its early status, when it required yearly approval). It began its work in 1961, after a study subcommittee had spent two years doggedly and dramatically making the case for focused Senate—and national—attention to aging.

Subjects spotlighted by the committee over the years included the economic circumstances of older Americans, nursing home problems and reform, and the slow progress toward a genuinely balanced long-term care system. In 1982, the Committee paid special attention to compensation to victims of crime, improved fire safety inside and outside institutions, and problems encountered by claimants of disability benefits. Its investigation of irregularities in the Medicare-reimbursed heart pacemaker industry is discussed in chapter 8.

The latest annual report issued by SCoA is Developments in Aging—1982. As usual, Volume I reports on federal policies and programs with important changes or developments the previous year. A preface by Committee chairman John Heinz and ranking Democrat John Glenn emphasizes that problems facing the Medicare program may be even more intractable than those that faced Social Security retirement benefits early in 1983. The preface adds:

> This situation is primarily due to the persistent high-cost inflation and increases in utilization that have characterized the entire health care industry in recent years. Clearly fundamental health care reforms will be necessary during the rest of this decade.

The 581 pages of Volume I cover a wide gamut of subjects and provide the only real summary of federal issues available annually. An extra dividend in Developments-82 is a fold-in map showing the 65+ population in all US counties. Volume I also lists all Committee hearing transcripts and reports issued since the Committee began its work.

Volume II of the committee's annual report comprises reports to the Committee issued by every federal agency that has responsibilities related to aging. Often the reports are routine or exercises in puffery, but they do present official facts and figures that often are important to reporters. **But Volume II is available only if specifically requested, and the small supply is quickly exhausted.** It pays to request it as close to publication time as possible. In 1983, the report was available early in March.

A Committee newsletter, Aging Reports, is free for the asking. It usually highlights a timely story for feature treatment, and it lists forthcoming hearings as well as hearing transcripts or reports available on request.

US Senate Special Committee on Aging
SD G-37, US Senate
Washington, DC 20510

202/224-1467
Staff Director: John Rother

THE HOUSE COMMITTEE

This is a prolific source of news releases, hearing transcripts, special-purpose reports, and other information. It began operations in 1975 after a long effort to establish a House equivalent of the SCoA. The diversity of its interests—and publications—is suggested by the more than 40 hearings conducted in 1982 either by the full committee or its four subcommittees. Subjects included: "Impact on the elderly of proposed Medicare and Medicaid cuts," "Pension funding problems," "Funeral practices and the elderly," and "Old and young: Generations at the crossroads."

Committee reports in 1982: the highly informative Every ninth American, by veteran demographer Herman Brotman; Cost of living adjustments under the Old Age, Survivors, and Disability Insurance (Social Security Program); Impact of the accelerated review process on cessations and denials in the Social Security Disability Insurance Program; Older Americans Act: a staff summary (rev. ed.); A guide to planning your retirement finances (rev. ed.); and A directory of state and area agencies on aging (3rd ed.).

A major Committee challenge to mandatory retirement was made in 1976-77. It helped broaden protection against employment discrimination because of age. Representative Claude Pepper, who came to symbolize the House concern about aging, stepped down as Committee chairman in 1982 to take a strategic position with the House Rules Committee. His successor, Representative Edward Roybal of Los Angeles, has made it clear that he will give priority to health issues. Pepper con-

tinues as chairman of the Health Subcommittee. Other subcommittee chairmen are Representatives Mario Biaggi, Human Services; Don Bonker, Housing and Consumer Interests; and Roybal, Income and Employment.

House Select Committee on Aging
House Annex #One, Room 712
US House of Representatives,
Washington, DC 20515

202/226-3375
Staff Director: Jorge Lambrinos

OTHER CONGRESSIONAL UNITS

Jurisdiction over legislation related to aging is so widely scattered in both Houses of Congress that readers are urged to heed the earlier advice: get in touch with the House or Senate Committee on aging as a starting point and take it from there. Suggestion: if you already know what congressional unit you want, but don't have its telephone number, just dial the Capitol at 202/CA 4-3121 and ask the operator to connect you with the subcommittee, committee, or individual legislator you want.

It should be mentioned, however, that two units of standing committees have direct responsibility for legislation related to the Older Americans Act.

In the Senate, Charles Grassley (Iowa) chairs the Subcommittee on Aging of the Committee on Labor and Human Resources.

For the House, you would have to guess that the Subcommittee on Human Resources in the Committee on Education and Labor oversees the Older Americans Act, but this is indeed the case. Representative Ike Andrews (North Carolina) is the Subcommittee chairman.

Another House chairman, Henry Waxman (California) of the Subcommittee on Health and Environment in the Committee on Energy and Commerce, is important to

aging because of his interest in long-term care issues. A long list of other legislators in both Houses who are key in such matters as housing, appropriations, and older worker issues could be given here, but once again the best starting-point for identifying such sources is a call to the aging committee in either house, or to one of the lobbying groups discussed in the next chapter.

If writing to a House unit, remember that the zip code is always 20515. For the Senate it is 20510.

THE US ADMINISTRATION ON AGING (AoA)

The Older Americans Act of 1965 specified that a new agency be established as a federal focal point on aging. The AoA thus came into being, but almost from the beginning there was concern about whether it could live up to the sweeping statement of purposes in the preamble to its legislation. Congressional sponsors had hoped in the early 1960s that the agency on aging might even have independent status, free of any standing department, because aging cuts across so many governmental concerns, everything from income security to housing and health. But from the beginning, the AoA was a unit within a department. It is now placed within the Office of Human Development Services (HDS) of the Department of Health and Human Services (HHS).

As such, AoA depends upon the HDS Office of Public Affairs, under the direction of Enid Borden, as the contact point for reporters seeking official information about AoA budget requests and other matters reflecting departmental policy. In addition, HDS issues a monthly tabloid newspaper, Human Development News, which often includes information about aging. (The entire July 1983 issue is a

special edition about older Americans, complete with an upbeat message from HHS Secretary Margaret Heckler.)

AoA issues its own magazine, Aging. Its feature stories often include fairly substantial treatments about trends or happenings. For example, the May-June 1983 issue ran interpretative stories about the changing older population, new information about aging members of ethnic groups, and long-term care services. Its "News notes" section often carries items that could be leads to larger stories; the same is true of its "Publications" section. (There is some doubt that Aging will maintain its format and tone, but no final word has been forthcoming.)

As headquarters for the aging network of state and area agencies on aging (see chapter 3), the AoA issues reports and releases about the accomplishments and problems that occur from time to time. Limited statistical information and other help is available from AoA's Division of Technical Information and Dissemination (Howard White, Director; 202/245-0641). Other information about the network is issued through two private organizations with strong AoA affiliations: the National Association of State Units on Aging and the National Association of Area Agencies on Aging. (See State, County, And Local Government section in this chapter.)

Contacts for AoA:

Commissioner: Lennie-Marie Tolliver
330 Independence Avenue, SW
Washington, DC 20201
202/234-0724

HDS Public Affairs
200 Independence Avenue, SW
Rm 356-G, HHH Building
Washington, DC 20201
202/442-7275

NATIONAL INSTITUTE ON AGING

One of the strong recommendations at the 1971 White House Conference on Aging called for a more coherent and broader national research effort on aging. The National Institutes of Health (NIH) had since 1940 given some attention to aging research; its longitudinal investigations of healthy older persons began in 1959; and it took other significant steps before the Research on Aging Act of 1974 called for establishment of the NIA for the "conduct and support of biomedical, social and behavioral research and training related to the aging process and the diseases of the special problems and needs of the aged." That same legislation identified the aging process as "the one biological condition common to all"; it called for attention to "the economic, social, and psychological factors associated with aging" that "operate to exclude millions of older Americans from the full life in our society to which their years of service and experience entitle them." NIA had a broad mission to fulfill within the family of NIH institutes. In May 1976, Dr. Robert N. Butler—who had just been awarded the Pulitzer Prize for his book, Why Survive? Being Old in America—became the first permanent NIA director. One of his hallmarks as director was a strong public information effort designed to make NIA functions and research outcomes well known to the Congress, the press, and the public.

NIA has indeed generated news and feature material for both the scientific and general press; often the news peg is fresh findings in NIA-sponsored research. Conferences or workshops, in varying degrees of technical language, also provide new information on what NIA calls "pieces of the aging puzzle," springing from many areas of research on aging processes, medical problems and psychosocial issues affecting older people.

The NIA Information Office between May 1982 and April 1983 received 72,176 mail inquiries and 32,630 phone calls. Its handy publications list includes titles such as Using biofeedback with the elderly; A guide to medical self-care and self-help groups for the elderly; Our future selves: A research plan toward understanding aging; and Senility reconsidered.

A good way to make contact is to request a comprehensive NIA Information Programs kit, full of useful background material. Be sure also to ask for a July 1983 publication called, simply, National Institute on Aging. It is handsome and informative, complete with attractive graphics and authoritative but readable information about NIA programs and still-unresolved research issues.

T. Franklin Williams of Rochester, NY, succeeded Butler as NIA director in July 1983. He brings a long history of professional interest and action in research, long-term care, and preventive medicine.

Contact: Jane Shure, Information Director
National Institute on Aging, 9000 Rockville Pike,
Bethesda MD 20295
301/496-1752

FEDERAL COUNCIL ON THE AGING

Somewhere in the federal mix, the Congress decided in 1973, should be a unit that would continually review and evaluate national policies related to aging, make recommendations for their improvement, and provide public forums to air opinions about selected issues of the day.

The result was the Federal Council on the Aging, required by law to have 15 members, ideally representing a cross-section of rural and urban older Americans; national organizations with an interest in aging; business; labor; and the general public. At least five of the members, according to law, must be older individuals.

In 1983, the Council chairperson was Adelaide Attard, commissioner of the Nassau County, NY, Department of Senior Citizen Affairs.

Given some degree of autonomy over the years, the Council has explored subjects according to its own priorities and perspectives. For example, it has paid much attention to long-term care issues, with special reference to the so-called "frail elderly." The Council, nevertheless, receives its funding as a line item in the overall appropriation of the Department of Health and Human Services.

A Council committee on housing is devoting extensive attention to financing mechanisms that will allow elderly homeowners to convert their home equity into income while remaining in their homes. Another goal is to expand the range of housing options open to the elderly, through means such as home-sharing and accessory housing (sometimes called "granny flats," i.e., new units added to existing structures). A high priority in 1983 was inspecting issues related to the reauthorization of the Older Americans Act, which is to be considered by the Congress in 1984.

The Council occasionally issues publications, including its excellent chartbook, The need for long-term care: Information and issues (1981).

Contact: Edwin Marcus, Executive Director
Federal Council on the Aging
200 Independence Avenue NW
Washington, DC 20201
202/245-2451

CENTER FOR STUDIES OF THE MENTAL HEALTH OF THE AGING (CSMHA)

This unit of the National Institute of Mental Health is a fine source of facts and leads for additional investigation. It dates back to 1975, when NIMH d[illegible]ded

that the perplexing emotional problems of older persons required a focal point for research, evaluation of available services, and training. Its research program in 1983 included studies on psychopharmacology, effects on long-term caregiving upon families and self-help groups, the chronically mentally ill elderly, and causes and prevention of depression in older persons. Its training programs for mental health personnel range from clinical practice to research methodology.

CSMHA also encourages cooperative relationships with other federal entities, such as the Administration on Aging. It offers technical assistance for several purposes, including improving delivery of services to aged persons by community mental health centers. CSMHA conferences, held from time to time, often bring together in one place potential interviewees for news stories.

A service of special help to journalists and students of journalism is a handy publications list of CSMHA studies. Among its titles are: Research on mental health of the aging, 1960-76; Fact sheet: Depression in the elderly; Rape and older women: A guide to prevention and protection; and Report of the 1981 mini conference on mental health of older Americans.

CSMHA Chief, Barry Lebowitz
Division of Prevention & Special Mental Health Programs
National Institute of Mental Health
5600 Fishers Lane, Room 11C-03
Rockville, MD 20857
301/443-1185

OTHER FEDERAL PROGRAMS AND AGENCIES

Thus far, this chapter has described federal units dealing solely with aging. What follows is a necessarily brief account of other agencies serving age groups including older Americans. If specific contact persons are named, they are likely to be the persons most familiar with the aging aspects of their agency's programs.

Social Security

It has many publications and public information sources. Most inquiries may be directed to the Press Office, James Brown, director, 940 Altmeyer Building, 6401 Security Boulevard, Baltimore, MD 21235; 301/594-2200 or 202/245-8400 in Washington, DC. The Office of Research and Development, 202/673-5576, can provide statistical reports. The official Social Security Administration publication, Social Security Bulletin, is issued monthly, and a cumulative Annual Statistical Supplement is provided to all subscribers.

Supplemental Security Income (SSI)

This is the program that provides a federal floor of support for low-income aged, blind, and disabled. The Office of Assistance Programs at the Social Security Administration administers the program, at Rm. 3-P1, Operations Boulevard, Woodlawn MD 21235; 301/594-4383. Additional information is available at the Social Security numbers listed above.

Health Programs

As mentioned in chapter 2, the Health Care Financing Administration lists Medicare and Medicaid among its responsibilities. A good place to begin inquiries about either of these two programs is Office of Beneficiary Services, HCFA. Rm. 648, East High-Rise Building, 17325 Security Boulevard,

Baltimore, MD 21207. HCFA also conducts demonstration programs related to long-term care. Korbin Liu of the HCFA Office of Research, Demonstrations, and Statistics is especially well-informed on matters related to aging. Among the useful publications issued by HCFA is the Medicare and Medicaid Data Book, which in 1982 summed up available statistical information about those two programs. Its Health Financing Review provides timely information related to program operations. For information about these two publications, write to Office of Research and Demonstrations Publications, HCFA, Rm. 139, Oak Meadows Building, 6340 Security Boulevard, Baltimore MD 21207.

The HCFA Office of Public Affairs (John Kittrell, director) is at 330 Independence Avenue SW, Washington, DC 20201, 202/245-6145.

Housing

The Department of Housing and Urban Development (HUD) once designated a staff member as a specialist on housing for the elderly, but this is no longer the case. For information about the 202 direct loan program (see chapter 2 for details), contact Sharon Mizell, Housing Program Officer, Direct Loan Branch, Elderly and Condominium Health Facilities, Office of Multifamily Housing Development, HUD, 451 7th Street SW, Washington, DC, 20410; 202/755-5866. The HUD Division of Housing Management and Special Users Research in the HUD Office of Policy Development of Research (same address as above) can provide information about housing research projects related to aging, including a home repair demonstration project, which in 1983 provided fresh information about the value of well-designed programs that maintain older persons' housing units. Contact Deborah Greenstein, program analyst,

202/755-5574.

For information about rental rural housing for older persons, contact Lawrence Hammond, director, Multifamily Housing Processing Division, Farmers Home Administration, US Department of Agriculture, South Building, 14th & Independence SW, Washington, DC 20250; 202/382-1604.

Food Stamps

Contact Family Nutrition Programs, Food and Nutrition Service, US Department of Agriculture, 3101 Park Center Drive, Alexandria VA 22302; 703/756-3022.

Social Services

Information about federal aspects of the Social Services Block Grant (which superseded the Title XX program under the 1981 Omnibus Reconciliation Act) is available at Office of Policy Coordination and Review, Office of Human Development Services, HHS, 200 Independence Avenue SW, Washington, DC 20201; 202/245-7027.

Older Worker Programs

The Research Support Staff, Employment Standards Administration, US Department of Labor, Washington, DC 20210, is the custodian of important studies related to age discrimination and new opportunities for upper-age-bracket labor force participants. For example, its 1979 monograph, Employment-related problems of older workers: A research strategy, is an authoritative statement of available information on its subject; it even includes a chapter on selected foreign programs and policies. Its 1982 final report to Congress on Age Discrimination in Employment Act studies is also a bountiful source of infor-

mation about the distance yet to go within the United States before age bias in the job market is overcome. The Research Support telephone number is 202/523-8510.

For information about the Senior Community Service Employment Program (described in chapter 3), contact Office of National Programs for Older Workers, Employment and Training Administration, Department of Labor, 601 D Street NW, Washington, DC, 20213; 202/376-7285.

"Volunteer" Programs

ACTION is the federal agency that in 1971 brought together seven existing federal "volunteer" programs (even though in some cases participants receive modest pay). Of special importance to aging are The Retired Senior Volunteer Program (RSVP), which enlists 60+ persons without pay in community settings; Foster Grandparents, which places 60+ persons in supportive services to children in hospitals and elsewhere for a stipend of $2 an hour and a few other rewards, including meals; and Senior Companions, which is similar to Foster Grandparents, except that the support is usually given to vulnerable, frail older persons, including the homebound. Contact Older Americans Volunteer Programs, ACTION, 806 Connecticut Avenue, Washington, DC 20525; 202/254-7605.

Private Pension Protection

The Pension Benefit Guaranty Corporation administers a pension plan termination insurance program covering tax-qualified, defined benefit pension plans. Contact PBGC, 2020 K Street NW, Washington, DC 20006; 202/254-4817.

Veterans Issues

The Veterans Administration has for some time issued warnings about growing demands for services likely to arise as World War II military participants reach upper age brackets. (See in particular The aging veteran--Present and future medical needs, VA, Washington, DC, October 17, 1977.) In addition, the VA has pioneered in long-term care techniques and programs, and it has established Geriatric Research, Education and Clinical Centers (GRECCS) in key VA sites. James Fozzard, director of Patient Treatment Services, is a good source for information on all of the above and more. He is at VA headquarters, 810 Vermont Avenue NW, Washington, DC 20420; 202/389-3692.

STATE, COUNTY, AND LOCAL GOVERNMENT

A wide variety of state governmental units may have responsibilities related to aging. The best way to get started on state issues would be through the state unit on aging (SUA). All 50 states have SUAs, and most of the units are independently functioning, single-purpose agencies reporting directly to their governors. NASUA, the National Association of State Units on Aging (600 Maryland Avenue SW, Washington, DC 20024; 202/484-7182) is a private organization which provides useful information about SUAS. Its 1982 book, A profile of state and area agencies on aging--1981, is a helpful source of information about SUAs. Among the facts it gives: the largest SUA budget was $102.6 million in Massachusetts, which is followed closely by Illinois, New York, California, and Florida. State units may use as many as 17 different sources, including Older Americans Act funds and the Title XX funds which have since been folded into a block program. State funds constitute 25.5 percent of the state units' composite budget.

Area agencies on aging (AAAs) reached a total of 666 in 44 states in 1981.

The National Association of Area Agencies on Aging (N4A) (same address as NASUA; 202/484-7520) was a c[illegible]isher of the profile mentioned above. N4A reports that there are no AAAs in 14 states or territories that are either small or rural. In such cases, the state unit fills the AAA role. A reporter trying to find the local AAAs might have a difficult time, because they operate under widely varying auspices: 38 percent are private nonprofit agencies; nearly 29 percent are within councils of governments or regional planning of economic development commissioners; finally, 24.5 percent are within county government.

A phone call to NASUA or N4A may be the easiest way to locate your state or area agency. In addition, the House Committee on Aging, in cooperation with N4A, regularly revises and publishes a roster of SUAs and AAAs, with names of directors and phone numbers.

NASUA and N4A are also building a data base on the network and are adding to the number of publications about the state and local units. For example, in July 1982, they issued Services for older persons supported by state and area agencies on aging and Staffing patterns and functions of state and area agencies.

Details about information provided by the National Association of Counties and the US Conference of Mayors may be found in the next chapter.

OTHER SOURCES

Some of the national organizations described in the next chapter have state or local offshoots and representatives. They can provide on-the-spot viewpoints about the effectiveness of national, state, and community response to aging needs.

Of special interest is the annual summary of aging-related state legislation compiled by the American Association of Retired Persons. Its most recent summary,

State laws enacted pertaining to the interests of the elderly: 1982, is a 66-page wrap-up of bills sent to the AARP headquarters by state legislative committees affiliated with the national organization. A wide gamut of subjects is covered, including health, income, taxes, consumer problems, and community services such as transportation and adult day care.

The National Council on the Aging, described in chapter 6, is developing state liaison groups, and it is the umbrella agency for other grassroots networks related to senior centers, adult day care centers, older worker employment agencies, and housing sponsors.

The National Council of Senior Citizens is an organization of 4,000 senior citizen clubs, and it works closely with state councils in California, Delaware, Idaho, Illinois, Iowa, Kentucky, Maryland, Michigan, New Jersey, Pennsylvania, Rhode Island, Texas, Vermont, and Wisconsin.

WHY FAMINE, AS WELL AS FEAST?

This chapter has omitted as many sources as it has cited, but the point should be clear: a large number of governmental sources are on tap, and they can be very helpful. But a reporter is likely to find frustration, as well as occasional information, along the governmental trail. Often data is lumped together for the 65+ "group," with no real recognition of the many subgroups among "the elderly." The onset of several block grants related to aging, most notably the Social Services Block Grant and the Alcohol and Drug Abuse and Mental Health Block Grant, is likely to make national perspective on the workings of those programs—and their usefulness to older persons—more difficult to obtain because under block grants states have fewer reporting requirements to federal agencies. Another problem is

what has been called "statistical amnesia," or curtailments of federal information programs that have been regarded as essential by gerontologists and program directors in aging. The Gerontological Society of America (see next chapter for more information) had a program on the subject at a recent annual meeting, and its Public Policy Committee established a subcommittee to keep tabs on the situation.

TWO IMPORTANT STATISTICAL RESOURCES

THE US CENSUS BUREAU OF THE DEPARTMENT OF COMMERCE
is, of course, the funnel for data based on the nation's decennial count of our nation's population and its many characteristics.

Cynthia Taueber of the Population Division at the bureau is devoting considerable attention to data on aging; she wrote the chapter, "America in Transition: An Aging Society," in the 1983 annual report of the Senate Special Committee on Aging, and she can refer researchers and reporters to original source material on various topics related to aging.

She may be reached at Bureau of the Census, Population Division, Room 23645, Washington, DC 20233; 301/763-7948.

THE NATIONAL CENTER FOR HEALTH STATISTICS
is another important information resource on matters related to aging. Its surveys provide details on essential matters such as extent of chronic illness among elders, causes of mortality in old age, and characteristics of nursing home patients (the last nursing home survey was in 1977; another is to be completed in 1984). Joan Van Nostrand, the Deputy Director for the Division of Health Statistics, is especially well informed on long-term care issues.

The NCHS is at 37000 East-West Highway, Hyattsville, MD 20782. Ms. Van Nostrand's telephone number is 301/436-8522.

USEFUL REFERENCES

Information about government's response to aging is plentiful, as this chapter has reported, from agencies wholly or partially related to aging. Additional references may be found in:

1. **Monthly catalog of United States government publications**
   Comprehensive listing by author, title, and subject of documents issued by the executive branch and the Congress. In the September 1983 book, there were:

   - two entries under "Age and employment"
   - two under "Aged—employment—United States"
   - one under "Aged—government policy—United States"
   - one under Aged—services for—United States—accounting"
   - one under "Aged—United States"
   - three under Aged—United States—nutrition"
   - and eight under several headings under "Social Security"

   The catalog is free of charge from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402, but it is so bulky that individual reporters may want to have it sent to their office library, rather than ask for a personal subscription.

   One especially useful feature of the catalog for reporters doing in-depth research is its updated list of libraries designated as depositories for government publications. Every state has such libraries, which sometimes can help researchers avoid long delays in obtaining a document. Another way to expedite delivery of a publication is to request it through your local US Senator or House member.

2. **Health—United States**
   Published annually by the National Center for Health Statistics, US Public Health Service. It has useful charts as well as detailed statistical tables on its major subject areas: health status and determinants, utilization of health resources, health care resources, and health care expenditures. In its December 1982 edition, it had five charts related to aging: three depicting health status of middle-aged persons, one on a decline in death rates for the elderly, and one titled, "Heart disease creates heavy burden of illness among the elderly." Copies of Health—United States are available from the National Center for Health Statistics (see box for address), if available. If not, they cost $7 from the US Government Printing Office.

3. **A Writer's Guide to Washington**
   Useful to journalists and students who are new to federal agencies and other resources in the nation's capital. One chapter, on "The federal government" (by Steve Weinberg), is a good summary of ways to tap what the author calls "a vast repository of facts, statistics, and reports—and the people who produce them." Other chapters describe lobbyists as sources, available libraries and archives, and photo files. The book is published by the Washington Independent Writers, 525 National Press Building, Washington, DC 20045, and it sells for $7.95, plus $1 for postage/handling.

4. **1982-83 chartbook of federal programs on aging,**
Written by Irma Schechter and William Oriol, it is a far more comprehensive treatment of federal resources on aging than is possible in this chapter. Its 197 pages describe the situation in June 1982, and it is certain that a significant amount of its information has been outstripped by events; but it provides the names of contact persons who can update details on the status and extent of programs. The book is available for $29 from Business Publishers Inc., 951 Pershing Drive, Silver Spring, MD 20910.

5. **The Office of Management and Budget Federal Domestic Catalogue**
This is probably not a document you would care to have as your very own. It has a bulky looseleaf format, is written in officialese, and takes a while to figure out. But it is the official description of every federal program, including those related to aging. The best thing to do is check with your local library on how to obtain it.

6. **Federal Programs Benefiting the Elderly: A Reference Guide**
This House Committee on Aging publication, issued in September 1983, has extracted from the OMB catalogue described above brief descriptions of aging-related programs. Another useful feature is a listing of House and Senate Committees and Subcommittee with jurisdiction over areas related to the elderly. (House Committee on Aging address appears earlier in this chapter.)

CHAPTER 6
THE "PRIVATE INTERESTS" AS SOURCES

What are called "the interests" come in all shapes, sizes, and motivations in Washington, DC.

The field of aging has a decidedly mixed bag of them. Some are registered lobbyists; others are professional organizations with strict limits on the amount of outright action allowable on legislation; others are primarily educational, but often voice pointed views on selected issues.

For the purposes of this chapter, the private organizations discussed are depicted primarily as potential sources of news or background information, tempting as it is to discuss their fascinating histories and social significance in more detail.

To provide a framework for reference, the most prominent members of the Leadership Council of Aging Organizations (LCAO) receive first billing. LCAO, a loose confederation of some 25 member groups, began as an ad hoc clearinghouse and forum in 1978. It took on a more clearcut structure in 1980, partially to make ready for the 1981 White House Conference on Aging.

LCAO members practice the first rule of coalitions: Concentrate on those issues upon which there is general agreement, and downplay the differences. This tendency occasionally results in platitudinous generalizations, but often the coalition plays an important role in mobilizing support or concern about the immediate and longer range issues. At the 1981 White House Conference, for example, the LCAO provided strategic and tactical support for eight general goals it wanted emphasized. An important service of LCAO is the preparation of an annual report documenting potential effects upon the elderly of the federal budget soon after it is proposed early each year.

THE BIG THREE OF LCAO

Three large aging membership organizations take turns chairing the LCAO. For 1983-84, the American Association of Retired Persons is in charge. Sometime in mid-spring 1984, The National Council on the Aging assumes the chair, followed by the National Council of Senior Citizens in 1985-86.

AARP—15 MILLION STRONG

The American Association of Retired Persons is a phenomenon. It now claims, in round numbers, 15 million members; it issues at least four publications for national consumption; and it maintains a legislative activities staff that includes 14 representatives, consultants, and specialists who keep tabs on state as well as federal lawmakers. An education and service staff provides education, information, and technical assistance on matters ranging from tax counseling, to criminal justice, to consumer advocacy.

A self-portrait of the AARP legislative operation at work is provided in the June-July 1983 issue of one of its magazines, Modern Maturity:

> Just how potent AARP "grassroots" can be was demonstrated last year when lawmakers seemed close to substantially reducing the Social Security cost-of-living adjustment (COLA). Through the News Bulletin [a monthly tabloid newspaper sent to AARP members] and special reports, "legislative alerts" went out to all members and volunteers. And a mass mailing was sent to 250,000 AARP members living in the districts and states of key lawmakers. The constituent mail generated by the campaign was enormous, and the COLA proposals were dropped.

This is a far cry from the early days of what was to become AARP. Dr. Ethel Percy Andrus, a retired Los Angeles high school principal, started it all in 1947 when she founded a national organization for retired educators to seek pension reforms from state legislatures and tax benefits from the US Congress.

An alliance with a Pennsylvania health insurance specialist led to insurance policy availability to 65+ members, at that time (1955) a rarity. The insurance helped make the case for an organization open to people who were not teachers, and AARP was launched in 1958. (For a brief, official account of AARP's origin and growth, see "The Story of AARP" in Modern Maturity, August-September 1976.)

AARP is now useful to reporters in a number of ways:

- Its legislative staff does more than follow specific congressional bills; a number of its members keep tabs on running issues. The AARP Directory of Staff Specialists and Media Services--a handy pocket-size, red booklet is well worth requesting--gives names and telephone numbers for experts on such issues as age discrimination, block grants/health, economic policy, energy assistance, nutrition, and pension reform.

- Its state legislative staff and area office representatives can field inquiries about regional issues or suggest contact persons, many of them older persons who monitor state legislatures with some regularity.

- The AARP Research & Data Resources Unit each year sponsors two or three broad national surveys on major issues affecting the elderly. Since 1979, the R&D unit has sampled opinions of 55+ persons on subjects such as the economy, Social Security reform, crime, and housing. More specialized surveys have explored attitudes of the aging toward new technology, prescription drug users' behavior, and other consumer issues.

- News and feature releases are frequently issued; a newspaper column is available as a regular feature; the monthly AARP News Bulletin is a concise source of background information for stories and editorials.

- Perhaps the most useful service AARP offers for a reporter or student digging into a feature or series intended to be a definitive treatment of aging or one of its many subtopics is the National Gerontology Resource Center. This is another name for a very well stocked library with an exceptionally helpful staff. A Center Users Guide describes its many services and will be sent to anyone who requests it. In early 1984, the Center will begin managing the nation's only computerized national data base devoted solely to information on aging. Called AgeLine, the system will consist primarily of professional-level publications in social gerontology. It was developed by the Administration on Aging, which sought private sector sponsorship of the project in 1982.

AARP is a also a likely source of perspective on journalistic treatment of aging. Elliot Carlson, a reporter with extensive experience on the Wall Street Journal and elsewhere, now is Washington Bureau Chief for the AARP monthly magazines. As such, he keeps watch over hearings, bills, and emerging national topics related to aging. He believes that there is gradual improvement in coverage by the print press and the broadcast reporters, but there is still a long way to go. One hurdle: Many journalists have an overt or suppressed aversion to anything related to aging; they are looking for a few fast facts, and that's it. Carlson, however, believes that aging is "inherently fascinating;"

he adds: "What it's really all about is how people live." AARP Associate Director Paul Kerschner, a lively speechmaker and policy strategist, points out that the complexity and diversity of aging is reflected even in AARP's membership; of the several cohorts more than one million are over age 80.

Another point that journalists and journalism students should remember about AARP is that it makes awards from time to time for outstanding print or broadcast stories or features on aging. There is no elaborate competition and judging involved. If the AARP public relations department spots an item it likes, it acts upon it and lets the winners know about the award.

AARP is at 1909 K Street, NW, Washington, DC 20049
202/728-4300
Cyril F. Brickfield, Executive Director
Lloyd Wright, Public Relations Director
Peter Hughes, Legislative Counsel
Mary Power, National Resource Center Director

THE NATIONAL COUNCIL ON THE AGING

Its self-description is comprehensive:

> NCOA is a nonprofit central, national resource for research, planning, training, information dissemination, technical assistance, advocacy, program and standards development and publications that relate to all aspects of aging. The NCOA Annual Conference attracts more than 3,000 participants to discuss the latest developments in aging issues.

In other words, NCOA holds a large umbrella over an array of talents, organized special-purpose groups, and knowledge. It was organized in 1950, not to seek a large mass membership, but to attract practitioners, activists, and thinkers.

A persistent NCOA theme is that the voluntary and private sectors should be involved in the national response to the changing needs of older Americans,

in tandem with government where it makes sense to do so. In fact, a major NCOA activity in 1983 was VIAA, "Voluntarism in Action for the Aging," which was attempting, among other things, to help nonprofit and profit-making organizations augment the delivery of needed services to older persons through state and area agencies on aging.

Another way NCOA brings ideas and people together is through several constituent membership units that give a national focus to a specific function or issue. In 1971, for example, the National Institute of Senior Centers came into being, partly because a large number of such centers were already at work and partly because those in the field felt that the time had come to seek higher professional and management standards. According to NCOA, centers now serve more than a quarter of the nation's 65+ population.

Much the same is true of other units that have been launched under NCOA auspices: the fast-growing National Institute on Adult Daycare, the National Association of Older Worker Employment Services, the National Center on Rural Aging, the National Institute on Senior Housing, and—the forerunner of VIAA—the National Voluntary Organizations for Independent Living (with its 221 member organizations).

NCOA executive director Jack Ossofsky specially emphasizes public policy issues and is among the most articulate leaders in the field. The NCOA Perspective on Aging magazine usually has a fairly pointed editorial on the doings of the Congress or the executive branch, as well as a public policy report usually prepared by NCOA deputy executive director Donald Reilly, formerly deputy commissioner with the US Administration on Aging.

NCOA also sponsored two widely quoted Louis Harris and Associates polls

(1974-81) which provided important information about attitudes and misconceptions related to aging. Both polls also yielded solid evidence of strong support for Social Security. Other NCOA-sponsored research has dealt with subjects, including pension reform legislation, and the works of arts councils in serving older Americans. In 1978, NCOA issued a Fact Book on Aging.

Other NCOA attributes:

- Older worker issues have long been an NCOA concern. The quarterly journal Aging and Work is directed at industry executives, personnel administrators, researchers, labor leaders, government officials, and practitioners in aging. It is useful, as well, for reporters looking for new angles on retirement, age discrimination, and problems encountered by mature workers middle aged and up.

- Ossofsky is proud of the NCOA 12,000-volume library, described officially as "the nation's most comprehensive collection in the field of the aging." One of its strengths is that many works on its shelves date back to the 1950s and beyond; another is the helpfulness of a small but knowledgeable staff and volunteers. A useful related service is a quarterly subject guide to selected publications, Current Literature on Aging.

- The aforementioned annual conference should be regarded by reporters and journalism students as a splendid opportunity to meet a wide array of potential sources. At the 1983 NCOA conference in Detroit, for example, the roster of top speakers included headliners such as Treasury Secretary, Donald Regan, and former Social Security com-

missioner, Robert Ball (fresh from his leadership role in the historic compromise agreement reached by the national commission). Also on tap were a wide range of professionals from the field, including daycare center directors, family-support counselors for victims of Alzheimer's disease, and an inventor of an in-home emergency response device. NCOA president Arthur Flemming, former Health, Education, and Welfare Secretary, and later US commissioner on aging, was on hand throughout the proceedings.

Another strong NCOA interest is the arts, humanities, and leisure as factors enriching older citizens' lives. Many books and brochures on cultural activities are listed in the comprehensive booklet, Publications of the National Council on the Aging, Inc.

The far-ranging NCOA interests also include a growing commitment to international aging. In 1981, NCOA sponsored a North American regional meeting for the United Nations to prepare for the 1982 World Assembly on Aging. Ossofsky is now planning follow-up activity to the Assembly, in conjunction with the UN.

The NCOA address:

600 Maryland Avenue, SW
West Wing 100
Washington, DC 20024

202/479-1200

Tanya Beshgetoor, Media contact person

NATIONAL COUNCIL OF SENIOR CITIZENS

The NCSC knows how to focus attention on aging. It came into being for that express purpose: It was founded in the early 1960s to fight for Medicare. One of the proudest NCSC memories is Lyndon Johnson's statement that without NCSC there would have been no Medicare.

The idea from the beginning was to form a national federation of local senior citizen clubs. Thousands of club members turned out for rallies, meetings, and bus trips to confront legislators in Washington, DC. In the 1980s, the tradition continues: NCSC members have rallied in Washington to protest proposed Social Security cuts and high health costs. The official NCSC brochure sums up the confrontation spirit of the Council:

> The National Council of Senior Citizens is four million senior activists in 4,000 affiliated local clubs, area, and state councils. Together, NCSC members work for state and federal legislation to benefit the elderly and advocate senior citizen interests in communities across the US.

Close working relationships with labor unions have been the rule since NCSC began operations. One example of the teamwork: NCSC, urging its members to participate in the AFL-CIO's 1983 Solidarity Day events, described NCSC as "the largest support group for the AFL-CIO celebrations", NCSC was also planning several solidarity rallies "in areas where we have sizeable strength but where the Federation has not scheduled events." A former NCSC president, Nelson Cruikshank, had served for years as AFL-CIO Social Security director. The current president, Jacob Clayman, is a former president of the Industrial Union Department of the AFL-CIO. Clayman was also one of the founders of the Consumer Federation of America. He is an effective and analytical advocate who in his time has also been a labor lawyer, editor, a

administrator.

A one-time British army colonel, William F. Hutton, has been NCSC executive director since 1965. At that time, he was a public relations executive in New York City; in pre-World War II days he was a foreign correspondent for British newspapers in Paris, the Middle East, and Moscow. He became a US citizen in 1951. No small part of the NCSC energetic spirit is due to Hutton's unabashed embrace of social welfare crusades. He, too, is associated with the Consumer Federation of America; and he has served as secretary-treasurer of the Citizens Labor Energy Coalition.

NCSC is a good channel to local leaders in aging who are fighting for one cause or another. The July 1983 issue of the NCSC monthly newspaper, Senior Citizen News, for example, reported on a California protest against state/federal aging policies, a Michigan "Senior Power" day that produced an eight-point policy platform directed primarily against high health care costs, and a San Antonio meeting for participants in the NCSC Senior AIDES program. (Like AARP and NCOA, NCSC is a national sponsor in Senior Community Service Employment Program—see chapter 3.)

Other major NCSC functions worthy of note by the press:

- The NCSC annual legislative statement usually provides a useful catalog of gains and losses in aging policy as seen by an all out advocacy group. Staunch defenses of Social Security and Medicare are to be expected, as is a strong emphasis on consumer issues.

- The Senior Citizen News carries an annual special supplement listing the votes of every Representative and Senator on bills judged by

NCSC to be of special concern to the elderly. I know from personal experience that this device, together with the prominence given to the roll call of votes on critical bills, has a potent effect on members of the Congress.

- NCSC describes itself as the largest builder of housing under the Section 202 direct loan program, which produces specially designed low-income housing for older persons and the handicapped. NCSC has established a Nursing Home Information Service for the DC area.

NCSC is at:

925 15th Street NW
Washington, DC 20005 202/347-8800

Theresa McKenna, Information Services Director
Eric Shulman, Director of Legislative Liaison and Research

OTHER LCAO MEMBERS

One reason AARP, NCOA, and NCSC act as secretariats for LCAO is that they are larger and have more resources than the other member organizations. But despite their smaller staffs, the other partners in LCAO are noteworthy for the diversity of their viewpoints, expert knowledge, and potential usefulness to journalists.

AMERICAN ASSOCIATION OF HOMES FOR THE AGED (AAHA)
1050 17th Street NW
Washington, DC 20036

202/296-5960

Sheldon Goldberg, Executive Vice-President
Charles W. Edwards, General Counsel & Director of Government Affairs
Evelyn Haught, Public Relations Officer
Jeanne P. Kinnard, Housing Coordinator

AAHA represents 2,200 nonprofit providers of care for the aging, including nursing homes, independent low-rental housing for the elderly, and about 80 percent of the 400 continuing care communities existing in the United States today. Seventy-five percent of its member providers are affiliated with religious organizations, and 25 percent are sponsored by private foundations, government agencies, unions, fraternal organizations, and other community groups. Once a fledgling unit within NCOA, AAHA is already preparing to celebrate its 25th anniversary as an independent organization in 1986. Its history, predating Medicare, has been one of adaptation to varying public policy shifts while maintaining its basic mission to promote high quality-of-care standards.

The AAHA range of interests and concerns is demonstrated by its excellent bi-weekly newspaper, Nonprofit Provider News. Among subjects featured in mid-1983 were Medicare and Medicaid legislation, including a new proposal to broaden home care; preparations for hospice coverage under Medicare; a new approach to nursing home surveys; rural housing; appropriations for the Department of Housing and Urban Renewal; and a California court action that could jeopardize group meal programs in Section 202 (see chapter 3) housing projects.

A recurring theme in AAHA publications, testimony, and annual meetings is its members' nonprofit nature. One association publication is called How do

we look?: A guide to corporate and self assessment and ethical reflection in homes for the aged. Executive director Goldberg, a former staffer with the Wisconsin state budget office, is especially sensitive to federal policy changes that in his view create intense pressures on nonprofits. Another concern is what has been described as a scramble by for-profit nursing home chains to increase their proportion of private-paying patients and to expand into new retirement center and home care markets (LaViolette 1983). AAHA testifies frequently on health and housing before the Congress. General counsel Edwards is a former staff director of the House Select Committee on Aging. Housing coordinator Kinnard formerly worked with HUD. AAHA's annual meeting is largely devoted to its members' continuing education, but it also features speakers of national note, such the keynote speaker for the 1983 conference, Chicago Archbishop Joseph Cardinal Bernardin.

AFL-CIO DEPARTMENT ON OCCUPATIONAL SAFETY, HEALTH, AND SOCIAL SECURITY
815 16th Street NW
Washington, DC 20006

202/637-5032

Bert Seidman, Director
Larry Smedley, Associate Director

Until recently, this was called Social Security Department for AFL-CIO. It originates much useful information about Social Security, Medicare, and issues that concern Americans of all ages. A weekly publication, AFL-CIO News, often contains articles related to aging.

ASOCIACION NACIONAL PRO PERSONAS MAYORES
(National Association for Hispanic Elderly)

1730 West Olympic Boulevard, Suite 401
Los Angeles, CA 90015

213/487-1922

Carmela G. Lacayo, National Executive Director
Cristina Caballero-Robb, Associate Coordinator
1424 K Street NW, Suite 602
Washington, DC 20025

202 484-7505

One complaint about the 1971 White House Conference on Aging was that it did not pay sufficient attention to minority groups in its scheduled deliberations. The result was a series of "special concerns" sessions at which such issues were aired. Hispanic elders, it was reported, were more than twice as likely to live in poverty than Anglo older persons (US Senate 1972). In addition, life expectancy for many minority group members is considerably lower than for the majority, and many never live long enough to qualify for Social Security retirement benefits or other age-related entitlements.

Spurred on by such considerations, the US Administration on Aging provided start-up funds in 1975 for the Asociacion. Since then, the organization has begun to issue a bilingual newsletter, Nuestra Herencia (Our Heritage), four or five times a year, as well as a legislative bulletin from time to time. Its publications include a bibliographic guide and a national study of Hispanic support systems (forthcoming). Work is also underway on a demographic profile based upon 1980 census figures. The nonprofit Asociacion conducts research, training and technical assistance, employment programs for low-income seniors, and media productions.

ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION
600 Maryland Avenue SW, West Wing 204
Washington DC 20024
202/484-7505
Elizabeth B. Douglass, Executive Director

AGHE is a clearinghouse for information on educational programs on aging in institutions of higher learning. More information about AGHE, its 200 institutional members, and its useful National Directory of Educational Programs in Gerontology (1981) is given in chapter 7.

CONCERNED SENIORS FOR BETTER GOVERNMENT
1346 Connecticut Avenue NW, Room 1213
Washington, DC 20036
202/466-6140
Charles Senci, Executive Director

This is a support group for AFL-CIO. Its major function is to target "get-out-the-vote" campaigns, usually conducted by labor union retirees. Concerned Seniors does not endorse candidates, but is guided by AFL-CIO selections. Working for the organization in 30 states are field representatives, some associated with state labor federations. They are potential sources for information about aging issues in widely varying parts of the nation. A brochure outlining a program for retired trade unionists is available.

GERONTOLOGICAL SOCIETY OF AMERICA
1411 K Street NW, Suite 300
Washington, DC 20005
202/393-1411
John M. Cornman, Executive Director
Linda Krogh Harootyan, Legislative Specialist

As officially described, GSA is

> an organization of more than 5,600 researchers, educators, and professionals. The members...include those experts who produce most of the new knowledge and information in the field of aging in the United States. At the same time, the Gerontological Society places high

> priority on the application of knowledge and the provision of services. In other words, our integrated professional concern is focused on research, education, and training, as well as practice in the field of aging (Congressional testimony, May 1983).

The interdisciplinary nature of the society has been emphasized since its founding in 1945. Its membership is now divided into sections on biological sciences; clinical medicine; behavioral and social sciences; and social research, planning, and practice.

Executive director John Cornman, a former newspaper reporter and US Senate staffer, believes that aging can and should be an exciting story, and that the individual members of the society can be excellent sources for a wide array of stories. But he quickly acknowledges that GSA has a great deal of work to do before it can efficiently put reporters in touch with just the right expert on any given subject. This is a Cornman priority, as is his desire to work with GSA leaders to issue new publications on issues and options in public aging policy. The GSA pool of expert knowledge is indeed impressive. 1983 president Leonard Hayflick, for example, is an authority on the limited lifespans of cells as a factor in human aging. His successor as GSA president, Marjorie Cantor of New York City, has conducted landmark research on informal support systems, older women, and the availability of health care in urban areas. The program for the GSA annual scientific meeting is replete with story leads for alert reporters who can match up research papers or symposium topics with headline or feature issues of the day.

The Gerontologist, published bimonthly by GSA, is a mix of technical and more popular articles, usually accompanied by an editorial, and an occasional question-and-answer interview with a leader in aging, and an opinion article. Journal of Gerontology, another bimonthly publication, is devoted almost

entirely to papers reporting research findings. Gerontology News, a newsletter issued ten times a year, combines GSA news with reports on legislative and other public policy matters.

Additional information about GSA as a source of potential interviewees is provided in the next chapter.

GRAY PANTHERS
3635 Chestnut Street
Philadelphia, PA 19104
215/382-3300
Maggie Kuhn, National Convenor
Edith Geise, Executive Director

Gray Panthers don't have to be gray. Since its founding in 1970, this gadfly organization has invited intergenerational action on pressing social problems, starting with ageism. Several leaders are from the younger age brackets; one prominent member, US Representative Ron Wyden, is definitely blackhaired.

The founder, of course, is Maggie Kuhn, a one-time church magazine editor and executive who didn't like it at all when she was told she had to retire. She and her fellow panthers make no bones about it; they are different; they are activists with a bent for social criticism. One GP publication puts it this way:

> Not just an association of, by, and for their own group, the Gray Panthers' concern would be the whole of society. "We will not use our large numbers and our growing political awareness exclusively for our own self-interest or to build another self-serving group," explains Maggie. "Older people as elders of the tribe should be seeking and safeguarding the survival of the tribe—the larger public interest." This kind of radicalism—humane, unselfish, and compassionate—is what makes the Gray Panthers unique (GP booklet, Blueprint for a new age, ed. Christina G. Long).

Approximately 60,000 persons have joined Maggie, who describes herself as the "convenor" to emphasize the fact that the GPs are individualists who may

take up any cause that moves them. As a result, local chapters take on a wide number of tasks and topics (there were almost 100 of them in 27 states and Washington, DC, in mid-1983). The GP tabloid newspaper, Gray Panther Network reflected that diversity in its July/August 1983 issue; there were stories on health reform rallies, older persons as scapegoats for the economic "crisis," picketing a Social Security office to protest proposed Medicare cost increases for participants, a feature story endorsing adult health care as a useful alternative to nursing homes in many cases, and an expose by the Austin, Texas, GPs about abuse of the elderly "all over Texas." The Gray Panthers have also issued several studies on aging-related subjects over the years. A GP National Health Task Force issues a newsletter update on emerging issues and actions taken by local GP groups to improve health care. The editor is Jim Davis, 2300 24th Road South, #927, Arlington, VA 22206.

NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING (N4A)
600 Maryland Avenue SW, West Wing 208
Washington, DC 20024

202/484-7520

Ray Mastalish, Executive Director

The N4A, as reported in chapter 5, is a good channel to more than 600 area agencies on aging established under the Older Americans Act. It issues a newsletter, Point of Delivery, which maintains a national perspective while providing occasional information about individual AAAs. An up-to-date roster of AAAs, complete with maps showing agency jurisdictions, is also available. The Association has worked with telephone company executives to arrive at a standardized directory listing for AAAs. Even so, the heading might be "Area agency on aging" in one telephone book and "Senior citizens" under "Community services" in another.

National Association of Foster Grandparents Program Directors
National Association of Senior Companion Project Directors
National Association of Rsvp Directors
11481 Bingham Terrace
Reston, VA 22091

703/860-9570

Fran Butler, Washington Representative
(for all three organizations)

As indicated by their titles, these organizations are related to programs conducted through the US ACTION agency (see chapter 5). Foster Grandparent programs enlist elderly participants to work one-on-one with younger persons who have special or exceptional health or education needs, usually in group settings. Senior companions usually give person-to-person help to the elderly homebound. Retired Senior Volunteer Program (RSVP) participants give their time and experience to community needs. Members of these organizations are likely to be project directors.

NATIONAL ASSOCIATION OF MATURE PEOPLE
Box 26792
Oklahoma City, OK 73126

405/848-1832

Richard Shepherd, Executive Secretary

Self-described as "apolitical," this organization concentrates on products, services, and discounts of use to its membership of about 250,000. It is said to have a special appeal to older persons in small communities. Its magazine is Best Years.

NATIONAL ASSOCIATION OF MEAL PROGRAMS
P.O. Box 6344
Pittsburgh, PA 15212

412/231-2230

Mammie H. Lee, President

NAMP had its tenth annual conference in 1983. Its philosophy as described in the conference announcement included this statement:

> In recognition of the multiple needs of the "whole" person, the association is committed to service provision and coordination within the broad continuum of nutrition, health-related and home care services in a partnership of unique private, voluntary, and public resources.

NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICES PROGRAMS
1601 Second Avenue, Suite 800
Seattle, WA 98104

206/525-8272

William Moyer, President

NANASP is primarily concerned with meal programs offered under the Older Americans Act, but it is also actively interested in the relationship of nutrition services with other services offered under that Act. NANASP estimates that 800,000 meals (650,000 group meals and 175,000 home delivered) were served daily during summer 1982.

NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES (NARFE)
1533 New Hampshire Avenue NW
Washington, DC 20036

202/234-0832

L.J. Andolsek, President
Judith Park, Director of Legislation

Open to federal employees with at least five years of service under the federal civilian retirement system, NARFE has grown from its original 14 charter members to nearly 500,000 members throughout the 50 states. There are 1,500 local chapters and 50 state federations. As expected, NARFE is

strongly against efforts to trim cost-of-living adjustments (COLAs) or other proposed reductions of retirement benefits. One of the NARFE arguments is that federal employees had been relatively underpaid for years before COLAs were even put into place, and therefore a certain amount of catchup ball is needed. The monthly publication, Retirement Life, emphasizes political action to protect annuities, present and future.

NATIONAL ASSOCIATION OF STATE UNITS ON AGING (NASUA)
600 Maryland Avenue SW, West Wing 208
Washington, DC 20024
202/484-7182
Daniel A. Quirk, Executive Director

NASUA, as a key element in the federal-state-local network under the Older Americans Act, is described in chapter 5.

NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC.
1424 K Street NW, Suite 500
Washington, DC 20025
202/637-8400
Samuel J. Simmons, President

Even before the 1971 White House Conference on Aging, concern had begun to mount about the special problems of older Blacks. A US Senate Committee on Aging report, The multiple hazards of age and race: The situation of aged Blacks in the United States, told what was then known about the unique disadvantages facing elders who had survived discrimination, poor pay throughout their work careers, and environments hazardous to health and morale. The NCBA began operations in 1973, and since then has launched initiatives in housing, training of minority groups in gerontology, and employment programs. In 1983 it had about 2,000 members and 30 chapters, largely cen-

tered in 12 states. One of its major concerns is that poverty among aging Blacks remains at about 38.2 percent, or almost three times the rate of elderly Whites. NCBA publishes a quarterly, The News, which sums up NCBA activities and pinpoints areas of persistent concern. NCBA president Samuel Simmons, a former assistant secretary of HUD and a past director of the National Center for Housing Management, is emphasizing housing issues.

NATIONAL INDIAN COUNCIL ON AGING, INC. (NICOA)
P.O. Box 2088
Albuquerque, NM 87103

505/766-2276

Alfred Elgin, Executive Director

This organization grapples with the difficulties arising among elderly Indians living on reservations or elsewhere. One problem that arose in the early years of the Older Americans Act was that funds for services often were sharply limited for Native Americans; enactment of a Title VI under that act has helped somewhat, but the struggle goes on. The Council is planning to work with existing State Indian Councils on Aging to develop a stronger advocacy effort for Indian elders. The council issues a monthly Update newsletter and the NICOA Quarterly, which in its winter 1983 issue featured a reservation-by-reservation report on access problems encountered by Indians in need of services.

NATIONAL INTERFAITH COUNCIL ON AGING (NICA)
P.O. Box 11924
Athens, GA 30603

404/353-1311

Betty J. Letzig, President

NICA began holding annual meetings in 1971, and has pursued an ecumenical course in efforts to mobilize religious bodies and affiliated agencies to address the spiritual well-being of older persons. NICA's functional areas are: congregational programs (including care of aged by families), public policy, agency and institutional programs (including long-term care), professional development, and research. NICA has also examined seminary training to determine whether aging concerns are adequately represented.

NATIONAL PACIFIC/ASIAN RESOURCE CENTER ON AGING (NPARCA)
811 First Avenue, The Coleman Building, Suite 210
Seattle, WA 98104

206/622-5124

Louise M. Kamikawa, Director
Arlene Fong Craig, Washington Representative
1334 G Street NW, Suite 300
Washington, DC 20005

202/393-7838

One publication sponsored by this center will be issued in five languages: Chinese, Japanese, Korean, Tagalog (Philippines), and Spanish. Thus is manifested one of the reasons for the center's existence: many elders who have Far Eastern origins are likely to be isolated in the United States unless they have advocacy and understanding of their needs. A bimonthly newsletter, Update, is issued, as is a national community service directory and a roster of researchers.

NATIONAL SENIOR CITIZENS LAW CENTER (NSCLC)
1302 18th Street NW
Washington, DC 20036

202/887-5280

Burton Fretz, Executive Director
Bruce Fried, Staff Attorney

Legal issues affecting older people are intricate and often baffling to the point of discouraging those who are supposed to benefit from these public programs (see chapter 3). The NSCLC was established to provide help to those in the aging network who must attempt to aid elders confounded in one way or another by legalities and official requirements. The chief value of the center to journalists is the roadmap it can provide through complicated programs, together with up-to-the-minute information on court decisions, regulatory issues, and other matters. The NSCLC Washington Weekly is among the most informative publications in the field of aging; it verges on technical complexity, but it usually manages to get across the significance of the matters it discusses. NSCLC also issues the helpful Nursing Home Law Letter.

OLDER WOMEN'S LEAGUE (OWL)
Tish Sommers, President
3800 Harrison Street,
Oakland, CA 94611

415/658-0141

Shirley Sondage, Executive Director
1325 G Street NW, Lower Level
Washington, DC 20005

202/783-6686

One of the most impressive efforts at the 1981 White House Conference on Aging was the well-organized push to spotlight women's issues. Tish Sommers, who took on this cause in the early 1970s after witnessing the difficulties of women attempting to make new lives without their former husbands, had a

major part in providing this focus for the White House Conference. One of her strongest arguments, of course, is that women are the majority group in the 65+ population (see chapter 1). Another is that the heavy accumulation of injustice against women throughout their younger years intensifies as they grow older. Later, at the 1982 World Assembly on Aging, older women's issues also achieved prominence, given impetus by the efforts in the United States.

OWL is quickly accumulating documentation on work yet to be done on older women's problems. It issues occasional "Gray Papers" on subjects such as Social Security inequities and the heavy impact of budget cuts upon women. OWL also issues a newsletter. At last count it had 7,400 members and it is anticipating 10,000 by 1984. Chapters are to be found in all 50 states and in Japan and Thailand.

RETIRED MEMBERS DEPARTMENT/UNITED AUTO WORKERS
8731 East Jefferson Avenue
Detroit, MI 48214

313/926-5231

Jack Turner, Director

The UAW was a pioneer in organizing retiree units. Senior centers were among the early UAW innovations. A lively interest in public policy issues is maintained.

THE VILLERS FOUNDATION
1334 G Street NW
Washington, DC 20005

202/628-3030

Ronald Pollack, Executive Director
Tom Blanton, Communications Coordinator

Founded in 1982 by a Massachusetts high-tech innovator who had done very well indeed in robotics, this Foundation has announced that its focus is upon low-income older Americans; furthermore, it "seeks to nurture a movement of empowerment among elders." The empowerment theme is primarily to emphasize that older persons themselves should have a direct role in shaping the programs and policies that affect their daily lives. Another important goal is to combat ageist attitudes and stereotypes that diminish the roles of the elderly in our society.

The Foundation issued its guidelines for grant applications in mid-1983 and was gearing up for the probable flood of proposals.

WESTERN GERONTOLOGICAL SOCIETY (WGS)
833 Market Street, Room 516
San Francisco, CA 94103

415/543-2617

Gloria Cavanaugh, Executive Director

WGS is an innovative force in aging. Once an informal group of gerontologists clustered largely in California, the Western now attracts well over 3,000 persons to its annual meetings, which are held in strategic cities throughout the western states. WGS is a member of LCAO because, as its official motto says, it "speaks with a national voice," even though it is a regional organization.

One reason for the success of the annual WGS conferences is that the Western offers many events in attractive formats for practitioners. WGS has

pioneered in preconference "intensives" offering a great deal of information on specific subjects within a day or two. The 1982-83 president, Carroll L. Estes, has also put heavy emphasis on public policy issues of direct importance to WGS members and aging in general.

Other strong WGS assets are its newspaper, WGS Connection, and its journal, Generations. Both are informative and brisk. Generations usually is dedicated to one subject per issue, plus regular features such as book reviews. A special edition devoted to Alzheimer's disease was so timely and informative that a national family support organization purchased a supply for distribution among family members and others trying to help individuals cope with Alzheimer's disease.

ORGANIZATIONS OUTSIDE THE LCAO UMBRELLA

Focused as it is on public policy, the Leadership Council of Aging Organizations encompasses only a large sample of important agencies and advocacy groups; many others do their work without affiliation with LCAO. This chapter briefly describes a few of them, concentrating on those that may be most helpful to reporters and journalism students.

AMERICAN AGING ASSOCIATION (AGE)
University of Nebraska Medical Center
42nd and Dewey Avenue
Omaha, NE 68105

402/559-4000

Denham Harman, Executive Director

AGE is a national, lay-scientific health organization patterned after the American Heart Association. AGE News, published quarterly, reports in fairly

technical terms on research findings, but sometimes offers an eye-catcher for the generalist jounalist. AGE also publishes a quarterly journal.

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY
230 North Michigan Avenue, Suite 2400
Chicago, IL 60601

312/263-2225

Sanford I. Finkel, MD., Founder

Headed by a psychiatrist who has emphasized geropsychiatry in his personal and other practice, this organization now has a membership of approximately 700 professionals. It also played a major role in the 1981 mini White House Conference on Mental Health. It issues a quarterly newsletter and a membership directory. Its members have firsthand familiarity with public policy shortcomings related to mental health care of older persons.

AMERICAN BAR ASSOCIATION COMMISSION ON LEGAL PROBLEMS OF THE ELDERLY
1800 M Street NW
Washington, DC 20036

202/331-2200

Nancy Coleman, Staff Director

Gradually, press representatives are coming to recognize that this unit of ABA can help them dig into stories related to the intricacies of law and aging. Staff Director Coleman, for example, tells of reporters calling because their story for the day has taken them into the murky world of nursing home tort litigation. The Commission, together with the ABA Young Lawyers (below age 35) Division's Committee on Delivery of Legal Services to the Elderly, publish the Bifocal newsletter. This well-edited eight-sheeter can provide leads for general assignment reporters, feature writers, and columnists. One recent

issue carried a feature story about long-term care for the elderly in Denmark, calling attention to a "user democracy" program as one means to apply the principle that asks: what assistance can I provide that will enable this person to do without my assistance in the future? Another story answered questions about the legal issues in proposed programs to convert elderly homeowner's equity into a dependable income source. Shorter news items reported developments such as the opening of the nation's first library devoted exclusively to law and aging (at Illinois Institute of Technology, Chicago Kent College of Law); release of an ABA report giving a state-by-state rundown of board and care programs for elderly persons and disabled adults; and legal education programs developed by a volunteer lawyers project and senior center in Massachusetts. Another story carried what might seem a dry, technical headline: "ABA approves Uniform Guardianship and Protective Proceedings Act." But involved in the evolution of that new ABA action is a history of concern about vulnerable elderly persons victimized or abused, and the knotty problems involved in trying to provide protection without domination.

AMERICAN COLLEGE OF NURSING HOME ADMINISTRATORS
4650 East-West Highway
Bethesda, MD 20814
301/652-8384
J. Albin Yokie, Executive Vice-President

Maintenance and upgrading of professional standards for administration of nursing homes is the major function of this organization. A reporter seeking self-evaluation about the progress and problems in this field would find channels to good sources here. Among the ACNHA publications is a biweekly, Long-Term Care Administration.

AMERICAN FEDERATION FOR AGING RESEARCH, INC. (AFAR)
450 East 69th Street
New York, NY 10021
212/535-6060
Irving S. Wright, President

AFAR's immediate objectives are to encourage and support basic clinical biomedical research in aging, with special reference to developing a body of physicians and scientists "who are motivated and trained to participate productively in research to solve the many problems associated with aging, the care of the elderly, and the prevention of the diseases which afflict them." Another goal is to support the training of young and innovative physician investigators and others to solve problems in the biology and pathology of the aging process.

AMERICAN GERIATRICS SOCIETY (AGS)
10 Columbus Circle, Room 1470
New York, NY 10019
212/582-1333
Linda H. Barondess, Executive Vice-President

Membership is open to all physicians and others interested in the health care of the geriatric patient and in fields of research dedicated towards its advancement. AGS's monthly Journal of the American Geriatrics Society is well worth checking by reporters or columnists concerned with scientific or consumer issues. Its September 1983 issue, for example, included an article about difficulties older persons have adjusting to temperature extremes; a survey of geriatric drug legislation and geriatric pharmacotherapy; and the text of Robert Butler's statement after he left the directorship of the National Institute on Aging and became head of the Department of Geriatrics and Adult Development at Mount Sinai School of Medicine in New York City, "The changing demography and its challenges for the academic medical center."

AMERICAN HEALTH CARE ASSOCIATION (AHCA)
1200 15th Street NW
Washington, DC 20005
202/833-2050
Thomas G. Bell, Executive Vice-President

AHCA, founded in 1949 as the American Nursing Home Association, has become, as its brochure describes, "the nation's largest federation of licensed nursing homes and allied long-term health care facilities." Together with its 48 affiliated state associations, AHCA represents 7,500 facility members caring for more than 700,000 persons. Members may be proprietary (profit-making and tax-paying) or nonprofit (tax-exempt). AHCA places heavy emphasis upon consumer information, much of it intended for making appropriate choices when institutionalization is necessary. A hefty packet of "Issue" statements is available on public policy issues and data related to nursing home use. The July 1983 issue of the bimonthly AHCA Journal is devoted almost completely to consumer relations, described in an editorial as "a multi-dimensional process for improving communication, understanding, and interaction between the consumer of services, institutions, and the public sector." The same issue also gives information about the LTC EXPO 83, an AHCA event which gives some idea of the magnitude and far-reaching nature of the field to which AHCA members belong. It was held in Hollywood-by-the-Sea, Florida, in October 1983 "to make top flight speakers, educators, products and services available to help the people who need them most—you the health care professional." More than 160 exhibits were on hand, "representing a wide variety of products and services available to nursing homes." Speakers included television journalist David Brinkley, entertainer Barbara Mandrell, former Los Angeles Rams football player Merlin Olsen, and "more than 30 LTC educators."

AMERICAN NURSES ASSOCIATION (ANA)
1101 M Street NW
Washington DC 20005

202/789-1800
Richard Miller, Assistant Director for Government Relations

The ANA has maintained a strong interest in long-term care issues, and has called for good professional standards of care in nursing homes. The ANA American Journal of Nursing is worth checking for leads and background information from time to time. The February 1983 issue, for example, carried an extensive series of stories on adult arthritis. It was intended to help nurses earn continuing education credits, but journalists can find a wealth of information about relatively unknown aspects of this mass affliction.

AMERICAN PSYCHIATRIC ASSOCIATION (APA)
1400 K Street NW
Washington, DC 20005

202/682-6144
Theodora Fine, Associate Director of Government Affairs

A long history of concern about aging within this association resulted in establishment of a Council on Aging in 1978 (the 1983 Council chairman is Charles Welles, Department of Psychology, Vanderbilt University, Nashville, TN). APA also has some task forces dealing with topics such as nursing home care and use of psychotropic drugs. A report giving the APA recommendations to the 1982 White House Conference on Aging is available.

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)
1200 17th Street NW
Washington, DC 20036

202/296-3224

Joan Buchanan, Aging Policy Associate

This association stepped up its interest in aging during preparations for the 1981 White House Conference on Aging, and is continually broadening its activities in the area. One of its current policies monitors the grassroots effects of the 1981 mental health block grant.

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)
1015 15th Street NW
Washington, DC 20005

202/789-5600

Philip Weiler, MD., Chairperson
Gerontological Health Section
(4900 Oak Olive Way, Carmichael CA 96508)

This large organization (30,000 members) has become so aging-conscious that its 1982 annual conference in Montreal was "Aging in public health International perspective." Members include service providers, administrators, nurses, academicians, physicians, and others. The Gerontological Health Section had almost 800 members in mid-1983. APHA's impressive compendium of public policy position statements and papers is giving what appears to be increasing attention to aging. Recent topics have included "Hospice care standards, education, and reimbursement"; "Death with dignity"; "Visual impairments and the elderly"; and a detailed statement, "Toward a national policy on long-term care for the elderly."

ELVIRITA LEWIS FOUNDATION (ELF)
5905 Soquel Drive, Suite 100
Soquel, CA 95073

408/462-2765

Steven W. Brummel, President

Its motto is: "Helping older people help themselves," and most of its grants and other activities are aimed "toward breaking down ageist myths, and expanding opportunities for older people." Among the programs it sponsors are a volunteer foster grandparent program, two intergenerational child care centers employing more than 50 older people as aides, and a biennial get-out-the-elder-vote campaign. Begun in 1975, ELF also publishes a variety of materials, including an informative national newsclipping summary prepared by elder staff and volunteers. It's a convenient checklist for story leads.

FOOD RESEARCH AND ACTION CENTER (FRAC)
1319 F Street NW
Washington, DC 20004

202/393-5060

Nancy Amidei, Executive Director

FRAC is widely recognized as an authoritative source on food programs and other nutrition issues. Its monthly newsletter, Foodlines, often deals with aging issues. One article in its December 1983 issue was headlined: "Which seniors will receive services?" Its publications include guides to the food stamp program and state legislation related to federal food programs. FRAC, working with 90 national organizations, produced an analysis in 1982 and 1983 of the administration's proposed budget. It is called: Fair budget action campaign: An organizer's manual. Another edition is expected in spring 1984.

NATIONAL ASSOCIATION OF COUNTIES (NACO)
440 First Street NW
Washington, DC 20001

202/393-6226

Susan J. White, Legislative Representative

NACO has devoted attention to aging as a factor in county government within the last 10 years, and one of its current legislative concerns is continuation of the Older Americans Act (almost 25 percent of area agencies receiving support under that act are based in county government). Since counties have important health care responsibilities in many parts of the nation, NACO follows health issues closely. Typical of testimony on aging-related health issues by a NACO representative is this excerpt:

> NACO supports the concept of maintaining the elderly and disabled at home and in the community. Counties work on a face-to-face basis with older individuals and their families and friends to provide community care. We do not want to replace this system, but rather, support it. And this will require revisions in existing laws and regulations... Home health care is an integral piece of the total long-term care picture.

NATIONAL ASSOCIATION FOR HOME CARE (NAHC)
519 C Street, NE
Washington, DC 20002

202/547-7424

Val J. Halamandaris, President

Organized in 1981, this organization is meant to be a focus for the many issues and organizations that are associated with in-home services of all kinds, primarily for older persons. NAHC president Halamandaris was identified with long-term care and investigative issues while counsel to both the Senate and House Committees on Aging. A monthly magazine, Caring, casts a wide journalistic net for stories from the field and from national and local government.

NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW)
The NASW Building
7891 Eastern Avenue
Silver Spring, MD 20910

301/565-0333

Ghita Levine, Director of Public Affairs
Charlotte Mahoney, Senior Staff Associate for Health and Aging

NASW appears to be in the process of devoting increased attention to aging. In connection with the 1981 White House Conference on Aging, it issued "A social works for the 80s: Social needs of older Americans." A recent issue of its quarterly publication: Practice Digest, was devoted largely to articles about the elderly. The appointment in 1983 of a new staff associate with responsibilities related to older persons also bodes well.

NATIONAL CITIZENS' COALITION FOR NURSING HOME REFORM (NCCNHR)
1309 L Street NW
Washington, DC 20005

202/393-7979

Elma Holder, Executive Director

Any reporter who is going to become tangled in the web of local or national nursing home issues would do well to begin by thumbing through an issue of the NCCNHR's bulky but highly informative journal, Collation. Its plain pages are jammed with information on matters such as court and other battles related to national and state regulatory and reimbursement policies, grassroots citizens groups' efforts to upgrade care in their communities, positive or negative developments in care techniques and goals, and congressional actions related to long-term care. One reason for the flow of facts to NCCNHR is that it is a central point for reports from its more than 140 member organizations and hundreds of individual members. All this began in 1975 when a supposedly ad hoc group formed at a symposium that had attracted nursing home

advocates to Washington, DC. NCCNHR's varied membership includes action groups such as Citizens for Better Care in Detroit and the Virginia Friends and Relatives of Nursing Home Residents, church groups, nursing home resident councils, ombudsman programs, and legal service projects. A blow-by-blow history of the controversy over proposed deregulation steps for nursing homes is available from the coalition; it is a valuable guide for a complex, and highly charged, issue. The chronology begins in spring 1981 and goes through September 13, 1983.

NATIONAL FARMERS UNION (NFU)
600 Maryland Avenue SW, Suite 202
Washington, DC 20024

202/554-1600

Ruth E. Kobell, Legislative Assistant

Rural elderly often are forgotten or given only glancing attention in national action agendas on aging, yet require informed attention. Many rural counties, for example, have large populations of older persons because more youthful residents have moved elsewhere; problems of transportation and service delivery can be intense. NFU is a good source of information on such matters. In addition, NFU is a national contractor (under the National Senior Community Service Employment Program, or Title V) for what is called Green Thumb, Inc. It provides community service employment to rural low-income older workers. In 1982, after 17 years in operation, Green Thumb employed 17,826 workers in 45 states. NFU says that 9 of every 10 dollars allocated to the program go to the workers in wages and fringe benefits. All workers must be 55+; in 1982, 13 percent were 75+.

NATIONAL GOVERNORS' ASSOCIATION
Hall of the States
444 North Capitol Street NW
Washington, DC 20001

202/624-5331

Carol S. Weissert, Director of Public Affairs

NGA is an important source on federalism issues including reaction to proposed and actual block grants. Its Center for Policy Research issued in June 1983 An analysis of responses to the Medicaid home- and community-based long-term care waiver program.

NATIONAL HOMECARING COUNCIL
235 Park Avenue South
New York, NY 10003

212/674-4990

Florence Moore, Director

Homemaker/home health aide services are important components of comprehensive, community-based long-term care systems. This organization is a clearinghouse of information on such services; it also serves as an agency approval accreditation body.

NATIONAL HOSPICE ORGANIZATION (NHO)
1901 North Fort Myer Drive, Suite 402
Arlington, VA 22209

703/243-5900

Louise Bracknell, Executive Director

NHO began operations in 1978 with the growing national concern about treatment of dying patients. Its present mission is "to promote and maintain quality care for the terminally ill and their families," and "to integrate hospice into the US health care system." Enactment of federal legislation to provide Medicare reimbursement for hospice care has intensified interest in hospice.

NHO annual meetings include sessions on topics like bereavement support, pain and symptom relief, and hospice principles and management. NHO has published a directory of member hospices.

SAVE OUR SECURITY (SOS)
1201 10th Street NW, Suite 222
Washington, DC 20036

202/822-7848

Wilbur Cohen and Arthur Flemming, Chairmen

More than 140 organizations have joined this coalition, which is dedicated to the protection and improvement of the Social Security system. Its work began during the Carter administration and has continued since. The chairmen are both former Secretaries of the Department of Health, Education and Welfare. Cohen has written a study, The compromise and beyond, which discusses the 1983 legislation and its ramifications. It is available from SOS.

US CONFERENCE OF MAYORS (USCoM)
1620 Eye Street NW
Washington, DC 20006

202/293-7330

Larry McNickle, Director for Aging Programs

USCoM is the official organization of cities with populations of 30,000 or more, and there are more than 800 such cities in the nation. A USCoM subcommittee on aging has been at work since 1978. Publications on aging include a 10-volume compendium, Administering aging programs. Volume 10, Using city governing powers to address the needs of the elderly, examines the use of city governing powers: administrative and regulatory reform, taxing and zoning powers as policy options to complement needed support services for the elderly. Volume 9 is called Unlocking information: Access to data on the elderly. USCoM also issues a directory of city aging offices.

"AND OTHERS TOO NUMEROUS..."

A complete list of aging organizations, even at the national level, would take many pages more. At state and local levels, the task is even more awesome. The history and goals of the Massachusetts Association for Older Americans under Frank Manning, for example, are worth attention in some detail. "Silver-haired legislatures" are springing up in many states, each with a cadre of leaders. Support groups (such as Children of Aging Parents in Pennsylvania and the national Alzheimer's Disease and Related Disorders based in Chicago) are also proliferating. Two other organizations will be mentioned here simply because of the highly individualistic methods of their founders:

SENIORS FOR ADEQUATE SOCIAL SECURITY (SASS)
136 West 91st Street
New York, NY 10024
212/787-8106

Max Manes, Chairman

Largely the singlehanded work of its chairman, he has made a personal crusade of Social Security activism, and he thinks it would help if more older persons did the same.

SENIOR SURVIVAL IN VENTURA COUNTY, CA
P.O. Box 5532
Newbury Park, CA 91320
805/754-3678

Tony Lamb

Retiree Tony Lamb became concerned in his surburban county a few years ago when he realized that many fellow elders were in desperate economic circumstances. He organized several helping programs, got the county government to sponsor some of them, and made himself generally helpful to thousands of his neighbors.

SOURCES ON INTERNATIONAL AGING

The World Assembly on Aging conducted by the United Nations in 1982 documented the dramatic present and future scope of global graying of populations. Good sources on aging in other nations include

American Association for International Aging, 1511 K Street NW, Suite 1028, Washington, DC 20005, 202/638-6815. A new organization directed at practical assistance to older persons in Third World nations. William Kerrigan is president.

International Association for Gerontology, c/o IAG president Ewald Busse, Dean Emeritus, Medical and Allied Health Education, Duke University Medical School Box 3005, Durham, NC 27710, 919/684-3416. IAG prepared a list of research goals for the 1982 World Assembly on Aging. Its next conference will be in New York City in 1985.

International Federation on Ageing, 1909 K Street NW, Washington, DC 20049, 202/872-4000, has member organizations in 26 nations. Its quarterly newsletter, Ageing International, is an excellent source of information (Charlotte Nusberg, editor). IFA has issued other informative publications, including a directory of aging organizations and publications in other nations.

National Council on the Aging, 600 Maryland Avenue SW, West Wing 100, Washington, DC 20024, 202/479-1200, is the secretariat for a group of nongovernmental organizations engaged in follow-up activities to the World Assembly. NCOA has also been designated a North American representative of the post-World Assembly network, and it issued a special report on the World Assembly, Aging in all nations (1982).

International Senior Citizens Association, 11753 Wilshire Boulevard East, Los Angeles, CA 90025, 213/479-8420; Ted Ellsworth, acting president. Maintains contact with aging organizations in other nations.

United Nations. The source for publications issued in conjunction with the World Assembly is Unit on Ageing, Social Development Branch, Centre for Social Development and Humanitarian Affairs, International Centre, PO Box 500, A-1400, Vienna, Austria.

REFERENCES

LaViolette, Suzanna. Nursing home chains scramble for more private-paying patients. Modern Healthcare, May 1983, 130-38.

OTHER USEFUL SOURCES

Additional information about some of the organizations mentioned in this chapter, or references to lobbying activities for aging, may be found in the works listed below:

Harris, Richard. A sacred trust. Penguin Books, New York, 1969. A detailed account of the concerted effort leading to enactment of Medicare.

Hudson, Robert, ed. The aging in politics. Charles Thomas, Springfield, IL. 1981.

Marmor, Theodore. Politics of Medicare. Aldine. 1973.

Pratt, Henry. The gray lobby. University of Chicago Press. 1976.

Williamson, John B. et al. The politics of aging: Power and policy. Charles Thomas, Springfield, IL. 1981.

CHAPTER 7
ACADEME - MORE DATA, MORE QUESTIONS

"We've got the data."

That confident statement was made by a professor at a briefing of congressional staff members. Notice he said "data." He didn't say "answers."

The point is that—in the societal, familial, and individual exploration of aging now going on in all nations—all solid facts should be welcome. And they should be used.

Journalists, clearly, should be talking to gerontologists. If answers are hard to come by, there is a lot to be said for working with what is already known, even where there may be pointed disagreement about what that might be.

Many gerontologists are working in centers formally established to concentrate on aging. The most direct way to find them is to check with your area agency on aging (or AAA, see chapter 3) to determine whether you are near one. If the AAA has no information, or if you want to branch out beyond your immediate academic community, the next step might be to get in touch with one or both of two organizations mentioned in chapter 6:

- The Association for Gerontology in Higher Education (AGHE)
- The Gerontological Society of America (GSA)

AGHE is an information exchange on formal training open to gerontology students in widely varying academic settings. One of its most significant contributions to the field is its National Directory of Educational Programs in Gerontology (revised in 1981, and updated once more as this book goes to press).

For the journalist or apprentice reporter, the directory is helpful because it provides essential information on research, special projects, or emphases at each institution. All the information in the directory is self-reported by each college or university.

AGHE, established in 1974, now has about 200 members in the United States and Canada. Membership may be granted to 2-year or 4-year colleges, universities, and consortia.

AGHE's annual meetings are pretty much devoted to bettering techniques, curricula, and training goals. But there is a strong current of interest in national research programs and goals. In addition, the meetings bring together many knowledgeable and quotable experts willing to talk about everything from demographic trends—and their meaning—to geriatric training in a university setting or in a Third World village.

GSA also provides a gathering-place. Its annual scientific meetings attract clinicians, many other kinds of practitioners, shapers and critics of social policy, and a goodly number of miscellaneous. GSA members, like AGHE members, are well represented in the book, monograph, and journal world. They are also increasingly on tap for journalistic consultation. One major suburban newspaper, for example, prized gerontologists' advice and information so highly that—in preparations for a major series on the aging of suburban populations—it transported some of them to its Long Island headquarters for lengthy talks. Frequently, "academic" sources can put reporters in touch with projects utilizing such academic information and ideas in an everyday way.

The GSA may one day produce a handy roster of its members, with their areas of expertness. Until then, the next best thing is the incomplete but useful direc-

tory of GSA members called, grandly, Who's Who in Gerontology (1982). It does little more than give name, title, address, and—most of the time—a telephone number. But in addition to its alphabetical section, it also has a state-by-state listing so that reporters looking for local experts on aging can cross-reference.

In addition, the GSA staff has become familiar, over the years, with the special competencies of many of the society members. A call to the GSA headquarters (see chapter 6) is likely to produce leads.

A FEW CENTERS AND THEIR SPECIALITIES

Training future gerontologists is the prime business of most university centers or institutes on aging. But in many cases, centers also become recognized for informative focus on certain fields of study or activity.

ANDRUS GERONTOLOGY CENTER (UNIVERSITY OF SOUTHERN CALIFORNIA)

This is one of the nation's larger idea exchanges, research headquarters, and training hub for aging. Established in 1964, the center moved into its well-equipped, specially designed new building in 1972. Its researchers are busy with subjects like neurobiology, physiology of exercise, family relationships, health care delivery, and education. Its Institute of Policy and Program Development conducts applied and policy research and demonstrates new community service models. Three priority areas listed in the 1981 AGHE directory were development of health services, industrial gerontology (pursued largely through its Center on Employment and Retirement), and education for older people.

Richard H. Davis, as director of publications and media projects at Andrus, has long worked to bring journalism and gerontology together. James Birren, the director of Andrus Center and dean of its Leonard Davis School of Gerontology, is also a professor of psychology at USC and a profound commentator on social and professional trends. One of his current interests is "guided autobiography" as an approach to adult development. Birren also has a flair for elegant turns of phrase, as in this statement about likely aging trends in the twenty-first century:

> ...we are breaking down the past concept of aging as a single thing surrounded by many bad consequences. It is bad to grow old and be sick, poor, and lonely; but there has been a change in view that growing old, of itself, is bad. Increasingly, in America, there will emerge a positive model of growing old. It will probably begin with the increasing awareness of older persons who "have it all together," those who might be called the elite or accomplished aged... There are still those, however, who become more handicapped with the years and drop further toward the bottom of society... There is, in immunology, the concept of an immunizing level of exposure to a foreign agent in contrast to a sensitizing or infecting level. The drop-out aged have been overpowered and have not developed immunity to the many facets of living, as opposed to the accomplished aged who behaviorally, socially, and physiologically have developed immunity and are perhaps stronger as a result of the longer years.

INSTITUTE OF GERONTOLOGY, UNIVERSITY OF MICHIGAN

Established in 1965 after years of developmental work by social gerontologists Wilma Donahue, Clark Tibbitts, and others, this well-known institute has traditionally emphasized a strong multidisciplinary approach. Among the subjects of recent studies have been work and retirement, minority elderly, law and aging, frail/institutionalized elderly, and alcohol and substance abuse. Housing and related environmental issues have long been associated with the Institute. A newsletter, Gerontology at Michigan, usually carries informative summaries

of ongoing research. One recent topic was "Research on the black elderly focuses on work, retirement, coping strategies." Another was an excellent wrapup on available retirement community data. An eminent biologist, Richard Adelman, now heads the institute. He has announced that he is planning a basic laboratory research program in biomedical gerontology in collaboration with other academic units at Michigan. He has also stated that the tradition of research in the social and behavioral sciences will be continued.

CENTER FOR STUDY OF AGING AND HUMAN DEVELOPMENT, DUKE UNIVERSITY

This center marked its 25th anniversary in 1980 and is described by George Maddox, chairman of the University Council on Aging and Human Development, as "the oldest comprehensive university center in the United States that has from its inception devoted itself systematically to biomedical, behavioral and social scientific research and training in the service of older adults." Its longitudinal studies have "contributed significantly to new, realistically optimistic images of adult development and aging" (Maddox 1981). The Center's Older Americans Resources and Services Program has developed a model geriatric evaluation and treatment clinic for research, training, and service.

Among the Center publications is a special series, Reports on advances in research, intended to answer questions on subjects such as the findings of the longitudinal studies mentioned by Maddox, exercise and aging, caring for caregivers, and geriatric hospital care. One recent fact-filled report dealt with "Income maintenance in retirement and the need to rethink family policy"; it paid special attention to the role of women as family and labor force members.

Gerontological centers, as seen from the above examples, have varying traditions and thrusts. This is true elsewhere, as well.

The **ALL-UNIVERSITY GERONTOLOGY CENTER AT THE UNIVERSITY OF SYRACUSE** is taking what might be called the "creative infiltration" approach. It draws from the resources of all schools, colleges, and departments of the university to develop core and specialized gerontological courses in all of the academic units.

The sponsor of this book, **BROOKDALE INSTITUTE ON AGING AND ADULT HUMAN DEVELOPMENT AT COLUMBIA UNIVERSITY** in New York City, also emphasizes the multidisciplinary approach. High among its objectives is coordinating and developing gerontology with other academic resources at Columbia, and to enable use of those resources "on a consultative basis by segments of the University and the immediate community, as well as by specialized service agencies, elderly client populations, and the academic world." Some 30 departments at Columbia are now involved in programs with some gerontological content. A newsletter, The Brookdale Institute Report, is worth requesting; it gives insights into the range of gerontological interests possible at a great university. One recent issue told of a symposium on medical pathology of aging, workshops on psychological functioning among older persons, a national conference on communication and aging, and new courses on aging at the School of Public Health. Brookdale also conducts a "Seniors Teaching Seniors" project which instructs retirees on how to teach other older persons the subject of their choice.

In addition, many have special interests that can be of help to reporters. The **INTERNATIONAL EXCHANGE CENTER IN GERONTOLOGY AT THE UNIVERSITY OF SOUTH FLORIDA** in Tampa, for example, is headquarters for a unique consortium of 10 Florida universities. The director, Harold Sheppard, is a former White House advisor on aging and an authority on aging research, particularly in industrial gerontology. Task forces on housing, crime, transportation, and other domestic issues are at work; but one of the major interests of the Center, as suggested by its title, is exchange of information on aging among nations. Particular attention is to be directed at Latin America.

A few other examples:

- **TEMPLE UNIVERSITY'S INSTITUTE ON AGING** in Philadelphia is one of several Long-Term Care Gerontology Centers established with assistance from the US Administration on Aging. It is collecting and disseminating information about community care demonstration programs, and it provides technical assistance for states participating in a federal-state long-term care channeling demonstration program.

- **ADELPHI UNIVERSITY** in Garden City, New York, offers training tools to sensitize people to everyday problems of older persons with sensory and motor losses. This includes delayed feedback of recorded material to demonstrate neurological disability, and specialized goggles to simulate visual distortion and loss of balance. (A similar "instant empathy" kit was once demonstrated by University of Michigan faculty at a Senate hearing. Senators who tried on the goggles and other devices agreed that they

helped make an important point: Designers of housing and services for the elderly often are unaware of the everyday difficulties caused by disabilities among the elderly, and they would benefit from a few sessions with the devices).

- The **INSTITUTE FOR LIFE-SPAN DEVELOPMENT AT THE UNIVERSITY OF AKRON**, Ohio, has been involved in a PISCES (Program for an Integrated System of Community Elderly Services) program sponsored by the Robert Woods Johnson Foundation. The project builds upon widespread support from private, state, and federal funding.

- An unusual working partnership has been struck up by the **WICHITA (KANSAS) STATE UNIVERSITY GERONTOLOGY CENTER and the CENTRAL PLAINS AREA AGENCY ON AGING**. Jointly, they publish a monthly newspaper distributed free to any 60+ person in the area agency service area. The circulation is 39,000, and readership is estimated at 60,000. The October 1983 front page of the publication, Active Aging, had these headlines: "Rural Kansans lose millions for housing" (more than $14 million in unused Farmers Home Administration loan authority was being turned back by Kansas to FmHA), "Phone hearings begin" (a protest over a $213.7 million rate hike for users within the state), and "Active elders are models for new WSU President" (the new head of the university is inspired by the dynamic lifestyles of his parents and many elderly students he meets during university summer sessions).

- The **GERONTOLOGY CENTER AT GEORGIA STATE UNIVERSITY** (Atlanta) is putting a major focus on new community partnerships for planning and

delivering services to older people. One purpose will be to test new cooperative models between religious congregations and agencies serving the aging.

- The **UNIVERSITY OF MARYLAND CENTER ON AGING** has paid close attention to older women issues and has issued The Directory of federal legislation affecting women over forty, that has won widespread praise from researchers and policymakers.

The US Administration on Aging began in 1980 to encourage university-based national policy centers. Six started up, but in 1983 only three remained. One, at the Andrus Center, focuses on older worker issues, as mentioned earlier. In the other two, AoA centers have become part of activities already underway:

- At **BRANDEIS UNIVERSITY** in Massachusetts, a policy center keeps tabs on far-ranging issues related to retirement income. A newsletter, Of current interest, is available on request to the press. It usually reports on study findings in this nation and abroad, and it summarizes its own working papers, as well. James Schulz, who in the late 1960s was one of the few economists to give serious attention to aging issues (Juanita Kreps, before she became Jimmy Carter's secretary of commerce, was another). Schulz is associated with the Center, and he keeps in touch with long-range and fast-breaking issues. He is also a founder of the Economics of Aging organization, which meets yearly at meetings of the Gerontological Society of America. Reporters are welcome.

- The **AGING HEALTH POLICY CENTER AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO,** has evolved from research and training activities begun in 1976. Its multidisciplinary research faculty is geared up to a high level of productivity, and by 1983 had issued or was working on projects related to aging services at a time of federal, state, and local fiscal strain, effects of federal policy on community-based nonprofit organizations, and prepaid long-term health care for the aged, blind, and disabled. Center director Carroll Estes and colleague Robert Newcomer are lead authors of a book, Federal Austerity and Aging-Shifting Government Responsibility for the Elderly (Sage Publications, CA, 1983), which sums up much Center research. In one chapter Estes and Newcomer also present divergent viewpoints on the meaning of new pressures in federalism.

GERONTOLOGISTS WHO DON'T WORK IN GERONTOLOGY CENTERS

There is not now, but there may one day be, a formal set of academic or other requirements a professional person must meet before calling himself or herself a gerontologist. But for the present, the process is informal. A social worker who for years has tended to cases of all ages may one day decide to be a gerontologist who is also a social worker. An architect who recognizes that the older population will need an increasingly wide array of housing options to choose from may advertise that his or her firm henceforth will cater to builders or project sponsors who are concerned solely about aging. Many educators are devoting more and more time to new forms of teaching designed for older persons. And so on. It is important that such professionals have the training usually needed for such gerontological pursuits, and this is increasingly the case.

To give some idea of the diversity of interests among those gerontologists who don't work in gerontology centers, the following examples are given. Just as it was possible to give only a few illustrative centers, so must this listing be incomplete. It is meant only to suggest the knowledge and talent available to the journalist who wishes to tap it.

STANLEY J. BRODY at the University of Pennsylvania, Philadelphia, has related health needs of older persons to the overall health/social service structure of the nation and found it desperately wanting. He is the formulator of the "30-to-1-paradox" which finds the bias toward institutional care in this nation overwhelmingly outdistancing funding for community-based noninstitutional care.

MERTON BERNSTEIN at Washington University Law School in St. Louis is an active critic of policies that promote private pensions at the expense of a genuinely comprehensive Social Security system, and he is highly quotable. He served as consultant to the National Commission on Pension Reform in 1982-83.

BETH SOLDO at Georgetown University, Washington, DC, can track the aging factors sometimes hidden in demographic reports, and she keeps close watch over the availability and quality of governmental statistical information.

Close by, in suburban Falls Church, Virginia, is a national resource named **HERMAN BROTMAN**. For years, he provided demographic information and other insights while working with the AoA. Now in busy retirement, he is responsive to all inquiries.

MIRIAM ARONSON, an assistant professor of neurology and psychiatry at Albert Einstein College of Medicine in the Bronx, New York, is director of a teaching nursing home project there; and she is rapidly acquiring national stature as an authority-activist on the social and personal consequences of Alzheimer's disease.

BARBARA SILVERSTONE, head of the Benjamin Rose Institute in Cleveland, is a leader in efforts to incorporate research findings into good services for older persons. She is editor of a "Practice Concepts" section in The Gerontologist.

Sociologist **ETHEL SHANAS**, no longer regularly teaching at the University of Illinois at Chicago, maintains her interest in the impact of aging on families. Her famed studies have provided much of the basis for knowledge about characteristics of families' concern for their older members. She lives in Evanston, Illinois.

LOUIS LOWY is a professor of social work and associate dean at Boston University. He is especially well qualified to make international comparisons on social services and policy issues affecting the elderly.

ELAINE BRODY at the Philadelphia Geriatric Center is the director of human services there, and she is also chief researcher. Like Shanas, she has paid extensive attention to family issues; and she has singled out "the women in the middle" as a group of special concern. The "women in the middle" are those daughters, usually middle-aged and older, who are called upon to tend to frail parents or grandparents, even while holding down a job outside the home. Brody is also a critic of those who say that younger families often "dump"

their elders into nursing homes. Institutionalization is usually the last resort, after families have exhausted themselves providing care at home.

BERNICE NEUGARTEN, identified with the formulation of the "young-old" and "old-old" groupings of elders and the concept of an "age-irrevelant society," is professor of education and sociology at Northwestern University.

ROBERT HUDSON, at the Graduate School of Service at Fordham University, was among the first to assert that the "graying of the budget" at the federal level could result in an impatient and unreasoning attitude toward legitimate needs of many older persons.

Physicians **JOHN ROWE** and **RICHARD BESDINE** of the Harvard Medical School are frequent commentators on the work yet to be done before medical practice in the United States is truly responsive to the varied needs of cohorts of elders. **TERRIE T. WETLE** of the Harvard Medical School Division of Health Policy is among those gerontologists tracking ethical dilemmas in geriatric medicine.

STATE AND REGIONAL ORGANIZATIONS

Reporters who want experts closer to home than some of those listed above may want to check into the surprisingly numerous state and regional gerontological societies that have come into existence fairly recently.

A list of the 16 state societies and the 7 regional organizations appears in appendix 1. Please remember, most of the societies are largely volunteer efforts, with only limited staff support, but generally, you will find a willingness to help and a strong dedication to aging.

ANOTHER PART OF THE EDUCATIONAL SPECTRUM

To close this chapter, a final suggestion that may stir spirited digging: The press should really pay more attention to the ways in which elementary and high schools deal with aging. It wasn't too long ago that gerontologists were complaining about standardized tests, given to youngsters, that in effect equated old age with senility. Less obvious stereotyping may still be going on.

Two good sources on this subject are:

- California educator **MARION MARSHALL**, who devoted herself while in state government to broadened education for and about older persons. As lead author of a book called Teaching Concepts of Aging to Young People, K Through 12, a Handbook for Teachers (Creative Book Company, CA, 1982), she has helped sum up a great deal of information intended to give young students a balanced view of aging, "including positive images that will develop confidence in the aging process to be experienced."

- **FRAN PRATT** at the Conant School, Acton, MA 01720, has founded a Teaching and Learning about Aging (TLA) project which tracks good news and bad news about eliminating ageist stereotypes in young people's classrooms. TLA has also organized a resource center, and it issues a meaty newsletter.

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Maddox, George. The Duke Center. In Priscilla W. Johnston, coordinating ed., Perspectives on Aging: Exploding the myths. Ballinger Publishing Company, Cambridge, MA. 1981.

Brody, Stanley. The 30-to-1 paradox: Health needs and medical solutions. In Aging: Agenda for the Eighties, National Journal Issues Book. Washington, DC. 1979.

OTHER USEFUL SOURCES

Calhoun, Richard B. In search of the new old: Redefining old age in America, 1945-1970. Elsevier, New York. 1978. This is a meticulously researched account of the growth of interest, primarily in academic circles, in gerontology during that period. The author sums up much of his content in the following sentence: "Leaders from the fields of gerontological (biomedical and social scientists), social work, education, advertising, mass media, organized labor and the business community have all worked--at times more in conflict than in cooperation--to renovate the popular conception of the later years of life; to make growing older more positive, less menacing, to those already in sight of their three-score-and-ten and to all of their juniors who will one day face a similar situation."

Power, Mary. Resources and information in gerontology (appendix). In Jan D. Sinot et al. Applied research in aging--A guide to methods and resources. Little, Brown, and Company, Boston. 1983. For the journalist who wishes to dig deeply into academically oriented sources, this very useful appendix material--prepared by the director of the American Association of Retired Persons' Coordinator of References Services--is a must. It offers sections on bibliographic sources, organizations, and clearinghouses concerned with aging, and literature related to funding within gerontology.

Tibbitts, Clark and Donahue, Wilma, eds. Aging in today's society. Prentice-Hall, Inc., Englewood Cliffs, NJ. 1960. This is an anthology of essays and other readings from distinguished students of aging; a reporter will find it a rich vein of quotable material. It puts Aristotle's astringent view of aging next to Cicero's mellow "De senectute." Its other entries represent many view-points and centuries. Among the more recent are Harold Lamb, Rudyard Kipling, Edward Bellamy, Anne Morrow Lindbergh, and David Sarnoff.

HANDBOOKS

Binstock, Robert H. and Shanas Ethel, eds. Handbook of aging and the social sciences. Handbook of Aging Series, vol. I. James Birren, editor-in-chief. Van Nostrand Reinhold, Florence, KY. 1976.

Birren, James and Schaie, K.W., eds. Handbook of the psychology of aging. Handbook of Aging Series, vol. II. 1976.

Birren, James and Sloan, R.B., eds. Handbook of mental health and aging. Prentice-Hall, Englewood Cliffs, NJ. 1980.

Busse, Ewald and Glazer, Dan., eds. Handbook of geriatric society. Van Nostrand Reinhold, New York, NY. 1980.

Leading authorities contribute to each of these handbooks, providing much information on a wide array of subjects. Some papers may be more technical than reporters would like, but the answers to many of their questions can be found in these volumes.

CHAPTER 8
THE INVESTIGATIVE BEAT

Mention "investigative reporting" in an aging context, and your listeners are likely to assume that you are talking about nursing homes.

They may be excused. They remember the 1970s headlines that told of flat-out scandals caused by greed, carelessness, or obtuseness about the resident populations of many long-term care facilities.

But for this chapter investigative reporting has a broader meaning. It is serious, sustained inspection of complicated subjects that require probing minds and methods. The objective may be to document an illegality, but it also might be to compile an overwhelming body of information that illuminates a problem or a situation in such a way that it becomes news not of the "spot" variety, but of the kind that contributes to public understanding of issues and forces that may affect their everyday lives, if not today then perhaps later in their lifetimes.

This chapter briefly sketches a few examples of story leads in aging that could merit investigative efforts by print and broadcast media.

OLDER PEOPLE AS A VULNERABLE GROUP

Notice the word is vulnerable, not gullible.

A person in pain from arthritis is far more likely to try a questionable remedy than one who only reads or hears about that affliction. A widow who never managed money affairs before her husband's death is more likely than others to lose out to confidence games designed to raid their savings. A person worried about the major gaps in Medicare coverage is a likely customer for high pressure insurance salespersons whose promises cover more than their policies.

The message of increased vulnerability in the later years of life was one I attempted to impart when I wrote a report for the Senate Committee on Aging in 1965 about frauds and misrepresentations affecting older persons. Another part of the message was that quackery or other thievery costs more than the dollars spent for the false remedy or useless consultation; such losses are also likely to deter really effective action to deal with the ailment.

In 1983, the same Senate Committee issued another summing-up of the situation. Chairman John Heinz, citing a new survey, announced that law enforcement officials and state consumer affairs directors believe that frauds increase at about 12 percent a year. More than 77 percent of the responses said that the elderly were more likely to be victimized than younger persons because they are perceived as isolated, easy marks. The survey called medical frauds the single most harmful scheme directed at the elderly. The others were home repair and improvement frauds, buncos, insurance frauds, social frauds, land and housing frauds, business and investment frauds, nursing home frauds, automobile frauds, and funeral fund frauds.

The Senate Committee's findings, in a report called Consumer frauds and elderly persons: A growing problem (1983), suggest that alert reporters could devote some time to problems of this kind. Better Business Bureaus can help in providing leads, but they depend upon the actual complaints of aroused consumers. Older persons may be far more likely to confide in a counselor at a senior center or to a legal services office, if one is available.

Arthritis quackery is such a chronic problem that it can be reexamined from time to time for probable new developments worth reporting. According to the Arthritis Foundation, approximately $25 is spent on treatments for every dollar

spent on legitimate scientific research (Gerontopics 1982). Since 31 million Americans have arthritis and related diseases, another Arthritis Foundation estimate is probably not surprising: The total cost of unproven arthritis remedies each year comes to $950 million.

NURSING HOMES—NO MORE HEADLINES?

Nursing homes undoubtedly have improved since the days of fairly frequent revelations about poor care or efforts to swindle reimbursement sources. There is still probably reason to be skeptical about the minority of facilities that are on the borderline between barely acceptable and reprehensible. Important as such vigilance is, other aspects of nursing home operations also bear industrious appraisal, not so much for possible cheating as to examine the question: Where will it all end? Bruce Vladeck's book, Unloving Care (1978), was a good guide through growth aspects of the nursing home field, particularly the chain operations, but his book is already several years old.

More recent word on growth is provided in an article that says that major investor-owned nursing home companies increased their beds by 30.4 percent, to 244,410, in 1982. Also, 50 percent of all nursing home beds will be operated by between 5 and 10 nursing home companies by 1990, according to a quote in the article from the chairman of the largest of those chains (LaViolette 1983). The long-standing question, Can for-profit firms operate more economically and effectively than the nonprofits? is really not the issue. The nub is: Will growth of the chains result in better care for the people who must go to nursing homes? That kind of question can't be explored in quick news stories; analytical digging is needed. Another goad to action is that nursing home care in the United States cost

$24 billion in 1981—an increase of 17.4 percent from 1980 (US HCFA 1982).

Not all reportorial attention should be directed at proprietary (for-profit) facilities. A 1978 Chicago Tribune series reported that not-for-profit home care organizations were charging Medicare for "lavishly appointed office suites, high salaries, and convention trips for executives."

RIPPING OFF MEDICARE—THE PACEMAKER STORY

According to the Senate Committee on Aging, Medicare pays for 80 to 90 percent of all cardiac pacemaker procedures in this country. Costs per patient may be anywhere from $10,000 to $18,000 a patient; about 150,000 persons in the United States receive pacemakers each year. The costs of monitoring new and ongoing pacemaker patients comes to about $2 billion a year (US Senate 1983). After a detailed investigation, the Senate Committee concluded that about as much as half that cost can be questioned. The problem, said Committee chairman Heinz, is that the Medicare system was "asking to be robbed"; it is being manipulated for financial gain by manufacturers, salesmen, and physicians.

Undoubtedly, the senator will win support for his proposed program of concentrated action to deal with the problem. But even that the situation is so aggravated raises new questions about lawmakers' ability to think through all the issues in extending Medicare coverage even for very worthy purposes. Questions about the new prospective reimbursement procedures effective October 1983 could also be raised: Is the system too complicated to achieve intended reforms? Will new abuses replace the other problems targeted by the new reform? Journalists can't answer such questions before they occur, but they can dig into the subject by asking for informed opinion at an early date.

OTHER HEALTH-RELATED ISSUES

Consumers' dollars are lost to fraud and loopholes in legislation. They are also lost by misunderstanding or marketplace fatalism about the complexity of it all. Older persons have special reasons for feeling unable to cope because they are in a lively market for health products, in particular.

Take prescription drugs, for example. Studies cited in a Food and Drug Administration publication (Hecht 1983) states that 65+ persons take about 25 percent of all drugs dispensed by prescription and over the counter. Studies show that many older persons may be getting as many as 14 to 18 different drugs in a year. Nursing home patients may take as many as 20 to 30. Another part of the problem is that older persons may vary markedly in their reactions to drugs, for physiologically complex reasons. One more factor: studies have shown that 50 to 60 percent of older patients make medication errors or simply don't take their medications at all.

There's still more. Consumer advocates are continually fighting marathon battles related to one health product or another. For example, the American Association of Retired Persons felt called upon early in 1983 to ask the Department of Health and Human Services to suspend immediately the sale of an arthritis drug, benoxaprofen, because experience in England indicated it might have ill-effects on older persons.

Typical of another running dispute was the order issued by the Federal Trade Commission August 1983 instructing leading manufacturers of nonprescription pain relievers not to make advertising claims that their products have been proved safer or more effective than other products without well-controlled clinical tests. For the consumer, the question is: what to believe? For the reporter, the question is:

how to get accurate information to their readers on sensitive issues of concern to major manufacturers?

One possible contributing factor to the wide extent of drug reaction problems among older persons is suggested by researchers at Quincy Research Center, a private Kansas City firm which tests drugs for manufacturers. Staff members there are concerned about a catch-22 situation: Even though the elderly have unpredictable physical responses to many drugs, subjects in testing programs for such drugs are rarely over 65.

Another issue for consumer/health-oriented reporters is the continuing question of salt, or sodium, content in food products. The Food and Drug Administration in 1981 had been considering mandatory labeling rules to warn of the probable relationship between salt and hypertension. But a voluntary program was installed instead. While the debate about the effectiveness of the voluntary program goes on, reporters might do well to check with physicians, nurses who take blood pressures at senior centers and elsewhere, and nutritionists to obtain local professional opinions on the prevalence and impact of salt in the diet of elders. (For a good rundown on the sodium issue, see Demkovich 1983).

One final suggestion on health: there has been much talk over a period of decades about the "continuum of care" that should be available to older persons and others who may have chronic health problems. The continuum would offer everything from in-home services, respite programs for caregivers, adult day care centers, and institutional care for brief or long stays, as well as other services. Good initial assessment is a key to the success of any such program, but in communities or states in which assessment has been emphasized, the complaint is heard: "Now our clients are all assessed, with no place to go." In other words, the rest

of the "continuum" is not in place, or only partially in place. Reporters would do well to treat this problem, not as a subject for debate in the halls of the Congress or the policy strategy sessions of the US Department of Health and Human Services, but as a matter for close inspection in their own home communities. What does it take for local parents or grandparents to get the health services they need, and how do the younger members of the family fare as caregivers when the "continuum" fails them? Answers to this question won't come easily; a full-fledged analysis of many issues and situations is required.

OTHER "COMMUNITY" ISSUES

Much the same question could be asked about other community issues. What about transportation? Should small special-purpose systems be established? If so, should their services be limited to the frail and the handicapped? Should taxicabs be used instead of vans or small buses? These are not insignificant issues; the well-being of many older Americans depends on whether they can break isolation patterns that otherwise might deepen health and morale problems.

Under the heading, "community response to aging," many other issues could be posed. Take your pick of the following:

- How are older people treated when they seek to use services made possible by the Older Americans Act or other public sources? One of the running arguments in aging is between those who say that services tend to make people dependent and those who say that such services can be liberating because sometimes people need a little help to maintain themselves on their own terms. What side of the argument seems the most relevant in your locality? How would you proceed to find out?

Insight to these questions is provided by Robert Atchley of Miami University in Oxford, Ohio. He observes that some service providers work on the assumption, Assist the capable. Others follow the rule, Help the helpless. It seems a small difference in approach, but Atchley points out:

> ...indications are that a significant proportion of programs and services for the elderly are based on the wrong assumption. Research on the factual knowledge that service providers have about the elderly indicates that a large proportion are operating on the basis of stereotypes rather than facts. Also, the policies that serve as the basis for programs are sold to legislatures and developed on the premise that the majority of the elderly are incapable. Although some of this "propaganda" may be necessary to get such policies and programs assigned high priority, it may result in a self-defeating mismatch of program philosophy and client population. For example, many programs developed under the Older Americans Act assume that the elderly need someone to manage at least part of their lives.

A final observation by Atchley speaks volumes:

> "...the fact that most elderly people do not need assistance makes it possible to do something for those who do."

- How well geared-up is your area for dealing with problems likely to arise among older people when the next severe heat or cold wave takes hold for a prolonged period? The 1983 Senate Committee on Aging annual report cites a study indicating that hypothermia—the potentially lethal lowering of body temperature—is probably the root cause of death for up to 25,000 elderly people each year. Most of these deaths appear to occur after exposure to cold indoor temperatures. The other side of the coin is hyperthermia, or difficulties caused by hot weather. The preface to a 1983 Senate Committee on Aging report, Heat Stress and Older Americans: Problems and Solutions, states:

> In July 1980 almost half the United States was hit by a heat wave. Thousands of older Americans lost their lives. The magnitude of that natural disaster shocked the Nation... Grim testimony [presented at a committee hearing] not only emphasized the heavy price we paid in human lives and suffering but also demonstrated how unprepared our communities were for that heat wave.

The publication provides information on the scope of the heat stress problem and discusses preventive health concepts and ideas for community planning.

(Forty national organizations and federal agencies have joined together in The Energy and Aging Consortium, which addresses problems caused by hyperthermia and hyperthermia among the elderly. Members share information and discuss legislative objectives. The 1983 chair was Jane Marden-Stephens, Consumer Affairs Director, American Gas Association, 1515 Wilson Boulevard, Arlington, VA; 703/841-8583.)

- How involved are your churches and synagogues in working with older persons to make communities more hospitable to aging populations? This question is prompted largely by the remarkable example set at the Shepherd Center of Kansas City, Missouri. Twenty-five churches and synagogues in that city are working together in programs ranging from health maintenance to life enrichment through highly informal and very effective educational programs. The ecumenical model has spread to thirty other cities, and a number of them are in areas serving low-income and minority groups. One of the key Shepherd Center principles: Leadership for new projects must come from the older persons themselves. The small staff responds to the membership; it does not direct them.

- Are older workers having a difficult time because of company shutdowns or other economic shifts? If so, does any agency in your community have the

specialized knowledge needed to help them over what is very likely to a prolonged period of joblessness or underemployment? If not, you may want to get in touch with the National Association of Older Worker Employment Services at the National Council on the Aging (see chapter 6). NAOWES has information on constructive steps that have been taken in many parts of the United States.

- If family members are caring for parents or grandparents, is there help for them in the form of a support group of one kind or another? Usually, these networks spring up informally, based on word-of-mouth information exchange about mutual problems. One such group, Children of Aging Parents, 2761 Trenton Road in Levittown, PA 19056, reported in a recent newsletter that it is receiving requests from all over the country from people who want to start up CAPS chapters. Another fast-growing citizens movement has resulted in the establishment of the Alzheimer's Disease and Related Disorders Association Inc., 360 N. Michigan Avenue, Chicago, IL 60601.

Speaking of Alzheimer's disease (an affliction involving the degeneration of neurons, resulting in dementia and gradual debilitation), it has received welcome widespread attention in recent years. The public is awakening to the devastation of Alzheimer victims and their families by the disorder and the constant care required in its later stages. The total cost also is devastating, perhaps as high as $60 billion annually (Aronson 1982).

But along with popular understanding has come another concern. In the course of research for this book, I spoke at length with two persons, one a professor and the other a mental health center worker, who are worried about what they see as big business aspects of response to the notoriety of the disease. Already, according to these sources, "senility clinics" of dubious effectiveness are beginning to appear. In one case, the clinic seemed to be offering an entirely useless therapy.

WHAT ABOUT WOMEN?

Three out of every five 65+ persons in the United States are women. It is ironic that the majority group of elders are subject to longstanding inequities, but this is the case. A 1983 Leadership Council on the Aging (LCAO) study of the impact of proposed budget cuts on women made these points:

- Women have substantially lower incomes and higher poverty rates than men.
- Black women are five times more likely to be in poverty than white men.
- Single women over age 65 with incomes under $5,000 depend on Social Security for 80 percent of their income and are likely to be hardhit by postponements or curtailments of cost-of-living adjustments.
- Nearly 75 percent of aged Supplementary Security Income (SSI) recipients are women.
- On the average, older women are currently spending <u>one-third</u> of their median annual income for health care.

Another 1983 study, issued in March by the Coalition on Women and the Budget of Washington, DC, reported on similar issues and concluded its section on the potential effects of the proposed budget on older women with this:

> All of the elderly are not poor, nor will all share equally in the pain this budget will cause. But clear differences are evident by race and sex. It is women, especially minority women, who will face the hardest budget decisions next year: Will they pay the rent or the fuel bill this month? Will they go to the doctor or the grocery store this week? No older American should be forced to make such decisions. But many more, especially women, will have to if the Administration's proposed budget cuts are adopted.

A severe problem, one that received only limited attention by the National Commission on Social Security Reform in 1982-83, was the strong feeling among many women that they are put at a disadvantage by benefit formulas that are based primarily on husband's earnings. This knotty issue must be taken into consideration when reporters become involved in stories related to older women, but it can't be grasped in all of its importance without serious research. The Older Women's League, mentioned in chapter 6, can be especially helpful here.

Once again, remember that this chapter has described investigative reporting as comprehensive unearthing of facts that make new points about important issues. A thorough review of almost any issue related to aging would be incomplete unless it reflects some understanding of women's issues, including many left unmentioned in this brief review.

HOW LONG WILL WE LIVE, AND HOW GOOD WILL LIFE BE?

At first glance, questions about longevity and the quality of health in the later years of life appear to be in the realm of the scientific or medical writer.

But of course everyone who is aging has a stake in such questions. So do those attempting to plan for health/social service needs of aging populations, at

the world, national, and local levels. If people are going to live longer, but if—as well—they are going to remain in good health longer, how should their health care and social support needs be estimated?

What might be called the acme of optimistic appraisal of the future won much attention in 1980. An article—"Aging, natural death, and the compression of morbidity"—in the New England Journal of Medicine gave professor of medicine James Fries's arguments in support of his striking premise:

> This article discusses a set of predictions that contradict the conventional anticipation of an ever older, ever more feeble, and ever more expensive-to-care-for populace. These predictions suggest that the number of very old persons will not increase, that the average period of diminished physical vigor will decrease, that chronic disease will occupy a smaller proportion of the typical life span, and that the need for medical care in later life will decrease.

An almost inevitable analogy, frequently used in discussing the Fries article, is that human beings would function similarly to the "old one hoss shay," which functioned perfectly until the very moment that it fell apart. Thus there was no need for repairs along the way.

Not everyone shares Fries's forecasts of the future. Another article in the October 7, 1983, New England Journal of Medicine specifically rebutted the Fries thesis. The authors, both at the National Institute on Aging, were Dr. Edward L. Schneider, associate director for biomedical research and clinical medicine, and Jacob A. Brody, associate director for epidemiology, demography and biometry. They set forth findings based upon new data and studies of morbidity. Their overall conclusion:

> The evidence that we will review supports quite different conclusions: That the number of very old people is increasing rapidly, that the average period of diminished vigor will probably increase, that chronic diseases will probably occupy a larger proportion of our life span, and that the needs for medical care in later life are likely to increase substantially.

The flat contradiction of Fries's findings is important to journalists who are trying to take a long view of what is needed for aging populations, not only in the abstract, but right in the communities they serve. The fact that there is such a difference of informed opinion should make journalists cautious about deciding which expert author is "right" and which is "wrong."

To return again to the Schneider-Brody article, it is helpful in another respect. It gives fairly clearcut definition of two terms that are often used incorrectly, life span and life expectancy. Schneider and Brody write:

> Lifespan is best defined as the maximum survival potential of a particular species. For human beings there is documented survival of between 110 and 115 years. Claims for enclaves with longevity past these ages have been demonstrated to be inaccurate. Life expectancy is the average observed years of life from birth or any stated age. At present, life expectancy at birth in the United States is approximately 70.7 years in males and 78.3 years in females.

WILL TECHNOLOGY HELP THE ELDERLY?

This question attracts increasing attention in gerontology. One hope is that benign devices--perhaps even robots--can help homebound older persons perform everyday chores. Another is that improved communications will open new vistas for older persons.

Technology is already extensively at work in automatic warning devices for older persons who live alone with health problems. In perhaps the most widely used system, a wireless transmitter carried by the older person can be activated to automatically send messages to a communicator in the home telephone when needed. At this writing, there were more than 700 Lifeline programs in 47 states, with more than 25,000 recipients. (Additional information is available from the gerontologist who invented the device, Andrew S. Dibner, Lifeline Systems, 400 Main Street, Waltham, MA 02254.)

More information about other uses of technology is available in a booklet, Newer Market—Older People (1983), published by the Gerontological Society of America and the Western Gerontological Society. (See chapter 5 for addresses)

Another good source is the Office of Technology and Assessment, US Congress. This unit came into being to give national legislators information on an increasing number of subjects, all related to the hardware and concepts of fast-breaking scientific-industrial developments. As the end of 1983 approached, OTA was in the midst of a major study of technology's present and potential impact upon the elderly. (In this case, technology is broadly defined to include applying knowledge to human problems ranging from drugs, surgical procedures, and social service programs to organizational systems.) The major areas of the OTA study are work and retirement, biomedical research, health care, and long-term care. The project director, Robert Harootyan, expects the report to be filed in mid-spring 1984.

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KEEPING UP WITH GOVERNMENT: A FEW HELPFUL SOURCES

Any reporter who wishes to stay on the alert for possible investigative leads would do well to check regularly the publications of the House and Senate Committees on Aging (see chapter 4). At the risk of being inundated, the reporter could also sign up for many other publications from governmental agencies. But it probably would be better to concentrate on the following:

THE GENERAL ACCOUNTING OFFICE

It issues the Monthly list of GAO reports to any citizen requesting it. As GAO's name seems to indicate, many of its inquiries are all-out audits of records related to federal programs. Increasingly, however, GAO is delving more deeply into the substance of federal programs as well as the bookkeeping. For example, in 1977 GAO issued a landmark report, The well-being of Older People in Cleveland, Ohio. This 100-page document was important not so much for what it had to say about the well-being of its subjects as for the data it yielded upon the combined effects of 23 federal programs upon the lives of the 1,600 persons interviewed. One especially significant finding was that 23 percent of the older population were impaired in at least four of the five areas of human functioning--social and economic status, physical and mental health, and ability to do daily tasks.

This and other GAO Cleveland studies on aging are widely quoted in the literature, and with good reason. The more typical GAO study, however, is usually on a more specific project, and quite often it is requested by a member of the Congress who wants details about one federal program or another. The GAO may, however, initiate studies on its own and frequently does.

The Monthly List mentioned earlier is a formidable document, listing all GAO reports for the month in question. Here are a few titles cited in reports issued in 1982-83; each of them could be related very directly to aging:

- HUD demonstration programs--their use as a policy tool (Unlike most GAO reports, this one manages to add a fascinating historical note; it reports: "Federal funding of demonstration programs appears to have begun in 1843 with a $30,000 appropriation to demonstrate Sam Morse's telegraph")
- Changing Medicaid formula can improve distribution of funds to states
- Comments on the legislative intent of Medicare's hospice benefit (A letter report)
- HUD needs to better determine extent of Community Block Grants' Lower Income Benefits
- Audit of Medicaid costs, reported by Autumn Hills Convalescent Centers, Inc., Houston, TX

Remember that GAO reports usually present barebones information, in ultra-correct language. These very qualities tend to make them authoritative, if often inconclusive. For inquisitive journalists, however, they can provide good background or leads for entirely new stories. Occasionally a story that has appeared in the hometown newspaper may prompt a member of Congress to request a GAO study. To request the GAO Monthly List, write to the US General Accounting Office, Document Handling and Information Services Facility, PO Box 6015, Gaithersburg, MD 20855; 202/275-6241. Single copies of GAO reports are available free of charge at the same address or phone number.

FOOD AND DRUG ADMINISTRATION

The FDA report appearing in Part 2 of the 1983 annual report of the Senate Committee on Aging describes actions on matters like patient education, participation by the elderly in drug experimentation, cooperative research arrangements with other agencies, and procedures for new drug approval. Reporters could ask FDA to add their names to the news release mailing list, but it would probably be more productive simply to ask for a subscription to their monthly magazine, FDA Consumer.

FEDERAL TRADE COMMISSION

Conflicts about the FTC's role as seen by the Reagan administration and as seen by consumer advocates have been sharp, but the FTC still manages to maintain a regular flow of information about matters it has before it. One of its publications, the newsletter FTC News Notes, usually summarizes developments on several cases in each issue. For example, the August 26, 1983, Notes featured the story "Commission releases staff report on proposed rule on over-the-counter antacid advertisements." The September 17, 1983, issue labeled one story: "Specialty foods maker agrees not to misrepresent its products' suitability for diabetics, under proposed FTC Consent Order." It is a rare issue of Notes that does not have a subject related to aging. A caveat is in order: The newsletter deals largely with actions taken under complex, cumbersome, and often extremely protracted FTC procedures. The value of Notes, frankly, is not so much that it reports on such procedures; its usefulness lies in the cues it provides on intricate consumer issues. Often, staff reports prepared for study by the Commissioners provide important background information; subjects in the past included funeral and hearing aid trade practices. Such reports usually come under fire by the industry in question, sometimes with devastating effect. But reporters in search of all sides of a story can make good use of the reports.

Notes may be obtained by writing to the FTC, Office of Public Affairs, Washington, DC 20580. FTC documents mentioned in Notes are available from the Public Reference Branch, Room 130, FTC, 6th and Pennsylvania Avenue NW, Washington, DC 20580; 202/523-3598.

For Additional Information On Governmental News Sources, See Chapter 5

CHAPTER NINE
JOURNALISTIC INITIATIVES: A FEW EXAMPLES

The day may come when there is a National Gerontological Writers' Association, just as there are now such organizations for education and science writers.

But for now and probably many years to come, those who report about aging are likely to do so sporadically and on highly individualistic terms. The only certainty is that, more and more, it will be necessary for reporters to know something about aging, and that the "something" be based upon hard facts and not "what everybody knows."

The following is a small cross-section of reporters and others who have dealt with aging in one way or another.

LAWRENCE MEYER, WASHINGTON POST: Asked by Post editor Ben Bradlee in 1981 what kind of reporting he would like to do after completing a tour of duty abroad, Meyer said that he wanted to write about aging. His reason: He had read about the demographics and the social changes associated with the aging of populations, and he knew that a White House Conference on Aging was to be held by the end of the year. The fact that a 70-year-old President was in the White House added to Meyer's conviction the public was ready to read more about aging.

In addition, he said in an interview, "I wanted to go into a field that nobody was doing."

Meyer acknowledges that Post reporter Spencer Rich is well known for his longtime reporting on Social Security and entitlement programs in general. But Meyer saw his role as different. He wanted to explore social issues, illustrating his stories with specific examples of people or situations affected by those issues.

"One thing I stayed purposely away from," he said, "are isolated cases of elderly individuals faced with one problem or another. My stories always were tied to policy issues."

Meyer wrote about Alzheimer's disease long before it became as prominent as it now is in the media. He looked into the consequences of osteoporosis, or bone weakness, from the standpoint of its importance to the health care system as well as to elderly individuals.

One of Meyer's most impressive contributions was his three-part series on nursing homes. He wanted to depict the big-business aspects of the field, but he also wanted to hammer home the personal side of life in a nursing home.

His series—which appeared May 16-18, 1982—began with the article "A predicament for all—Nursing home care offers no easy answers." It reported on the national dimensions of his subject, had quotes from experts as well as members who needed to decide whether to institutionalize their very ill elders. A picture display was introduced questions in boldface type: "Who should be in a nursing home? How long should efforts be made to keep an older person out of a nursing home? What is the obligation a child has to an aging parent? There are no easy answers to these kinds of moral and political questions..."

Meyer's second article was an hour-by-hour description of the daily routine in a nursing home. In order to make his story complete, Meyer stayed through the night hours. His brief portraits of patients depicted personal adaptations to institutional life; the story alluded to the managerial problems of operating a home in which 300 or so people resided; the quiet hours of the night were disrupted by a patient who pulled down a light fixture, and elsewhere staff anticipated the death of a woman in her 90s. The patient lived long enough to see her family before she

died. At 6 a.m. the daily routine started again.

The third story dealt bluntly and incisively with what the headline and subhead called "Industry of aging—burgeoning demand, spiraling costs pose problems for nursing homes." Chain operations, the tug and pull of regulatory battles, and questions about the future mix of institutional and noninstitutional care were among the subjects Meyer covered. His frank talk about business issues apparently was regarded as fair by nursing home professionals. Meyer won the American Health Care Association's Better Life Award for Public Affairs in 1983. In an interview for the AHCA magazine, Meyer advised:

> "...I'm a great believer in openness. First of all, any nursing homes that haven't cleaned up their act, ought to. Then, if they think they've got something to be proud of, they ought to open their doors and let people come to see it."

Meyer has moved on to other subjects in his new assignment with the Post's magazine. But he feels that he may return to aging from time to time, whenever there is good reason.

JERRY COHEN, LOS ANGELES TIMES: To make the point that aging requires adjustments at many stages of life—not just in the years after age 65—Cohen interviewed more than 150 Americans with a thoroughness similar Studs Terkel's in his book about people's attitudes toward their work (1974).

Cohen imposed an age limit. Not one of his interviewees was 65 or above. He stayed within the 30 to 65 age range because he believed that "persons younger infrequently contemplate their accumulating years while those older, like it or not, cannot deny them."

The stories appeared during May through July 1983. Cohen was impressed with

the variety of responses when he asked, in one way or another: How do you feel about your own aging process? A doctor, for example, expressed his rather carefree view; at age 54, realizing that "Everything suddenly is two-thirds over," the physician nevertheless tends to "love alcohol"; he feels that all in all he's holding up rather well. A 63-year-old farmer's wife in the Missouri Ozarks spoke philosophically about the harvest years of life:

> Your hair turns white and you get wrinkles. And you don't look like you did when you were 16. But you still have the same ambitions. And you still enjoy the same beauties of life. And life's still good. There's no time that life isn't precious to you.

As Cohen and his editors emphasized in blurbs accompanying each story, the series was "about growing older in today's America. Not old. Merely older."

A pretty 30-year-old aircraft worker, two years younger than her husband, reminisced:

> You know, when I hit about 23...I really started to panic. I thought: My God, in two years I'm going to be 25 years old. That's a quarter of a century...I almost had a nervous breakdown.

An oil roustabout at 55—"a tall, gray-eyed, dark-haired man with a weary air about him"—was finding it more difficult to get jobs as he grew older.

> One irritation arose when younger people called him "Pop." He complained: "I guess it's self-consciousness or something. I just don't like to be called Pop."

Jessie Unruh, once a political powerhouse as Speaker of the California Assembly in the 1960s, at age 57 would still like to be governor, but he'd rather be appointed than elected: "I don't like the rigors of the campaign." This was said with a laugh; Unruh will not foreclose any political possibilities; he feels he would be a better candidate in 1983 than in the past, except he would find it difficult "to go hat in hand to an awful lot of ultra-rich people."

Times writer Cohen tape-recorded all of his 150 conversations and edited them

for clarity, conciseness, and continuity. His quotations are lengthy, so much so that Cohen describes his articles as "an oral rendering of what occurs in the minds and the senses and to the bodies of an individual as he or she grows older."

In his front-page introductory article on May 1, 1983, Cohen wrote that few general patterns emerged from the conversations:

> Each individual's experience with aging is unique. For instance, what caused one person to feel old invigorated another; a birthday that depressed one individual signaled a fresh start for another.

Cohen, in an interview, described reaction to the series as "terrific".

FRANK SESNO, ASSOCIATED PRESS RADIO: He is based in Washington, DC, but likes to break away from stories about national government and politics. As the 1983 Senior Citizens Month (May) approached, he decided that the time was ripe for a series of short pieces on aging that could be used by the 1,110 radio stations served by AP Radio. Each of his 15 installments could be no more than 60 seconds; each would be offered as a feature for use in the stations' daily news roundup.

And each would be a full-fledged production, however brief.

To carry out his theme—"Aging: Facts, Fears, and Fallacies—Sesno conducted extensive interviews and placed heavy emphasis on music to set moods and tie each piece together. The theme from the movie On golden pond, for example, was used for one; Simon and Garfunkel's Old friends for another. Comedian George Burns led off one tape; his jokes blended into a serious discussion about sex in the later years.

Of all the persons he interviewed, Sesno was most impressed by a 92-year-old woman who was nearing death, but who maintained a feisty matter-of-factness.

> "She was beautiful, "said Sesno in an interview later. "I felt that a person like that would be helpful to others."

Topics ran a wide gamut, including the "myth of senility," Alzheimer's disease, and the impact of widowhood. The series has been praised by users, and Sesno sums it up as "pretty darn successful."

JAMES HOUTRIDES, PRODUCER, CBS NEWS: A letter in Houtrides's mail caught his eye one day in mid-1983. Someone had written to tell him that in Cincinnati one of the big events of the year was a ball by and for the older people of the community. It sounded as if it might be worth a look, and Houtrides went.

What he found was a stimulating story about an elderly, incapacitated 83-year-old woman who had thought of the ball to bring some cheer into the lives of the aged community. Houtrides and a camera crew went to Cincinnati to make a report that would show on the CBS Sunday Morning show on September 25, 1983.

Much of the 17-minute segment was about the ball. It showed people having fun, some in energetic dancing, others with smiles and handclapping. But other scenes appeared as well. Houtrides, after spending only a little time in Cincinnati, had realized that this was more than a story about a dance.

> "It was a microcosm," he said in an interview. "There were all gradations of human experience among the people we met."

Scenes juxtaposed the gaiety of the ball with stares of silent people in a nursing home, a couple who had planned well for retirement and were living in a comfortable adults-only community, a bent elderly lady walking from her ground-floor apartment sliding doors to a grassy lawn where she fed birds and than waved her hands in satisfaction when the job was done, and a sad patriarch seen dimly through a dirty window.

The 83-year-old who invented the ball acknowledged toward the end of the

report that for the most of the rest of the year she lives alone and lonely. She wished for a television set, but did not see how she could have it on Supplementary Security Income checks. (A later Sunday Morning show reported that she had received many offers of a television set and other help.)

Houtrides reports that the show received almost totally favorable response from viewers, and a great deal of it. He believes that stories about aging will become increasingly essential on television and in other media. He plans to turn to other aging stories as they emerge.

WRITING TEAM, THE ARIZONA DAILY STAR: Every now and then, a newspaper will run a series of stories intended to give a fairly definitive view of aging. In February-March 1983, the Wall Street Journal published a series called "Older Americans," which zeroed in on issues ranging from the importance of Social Security to life in a retirement community. The Chicago Tribune, from September 4 through October 7, 1978, ran a similarly comprehensive series, "Growing older in America" (available in booklet form).

Can a smaller newspaper also offer a noteworthy analytical report? The Arizona Daily Star provided its answer to that question in 1979 with a 30-part series compiled by more than 20 staff members over a three-month period. Two reporters, Bob Womack and Jason Eberhart-Phillips, worked on it full time; photographer Alan Berner was assigned to the team (and provided several memorable shots); assistant editor Richard Gilman directed the project and edited the series.

The product of all these efforts was called "Everybody's tomorrow: Aging in Arizona." Its opening article mingled national demographic information with facts about aging in the Star's circulation area, Pima County. Clusters of articles dealt

with age discrimination and other older worker problems; feature stories about elders who were finding new roles in later life, health concerns, with special emphasis on the inadequacies of Medicare; money worries, including one story headlined "Crooks are drawn like flies to elderly"; and "ways of life" in settings such as retirement communities and special community centers.

The series drew praise from the executive director of the Governor's Advisory Council on Aging. His letter to the newspaper included this observation:

> The responsibility of providing information to the community is so often limited to "hard" news that it is a joy to see you broaden that narrow definition and inform on such a broad level.

Marion Lupu, the energetic director of the Pima County area agency on aging, thinks that the series was good for the community and good for older people, because it provided readily useful information about local as well as national concerns.

"It was," she said in an interview, "a beautiful job."

Community response, in general, was positive. Stories about housing and health care problems drew the most response. The older worker stories prompted establishment of a "Hire the Senior Citizen Program"; and a large number of readers offered direct help to individuals described in stories as having difficulties.

The series has been republished in tabloid form.

SUSAN PETERSON, NBC NEWS: She was a reporter for a Minneapolis television station in the mid-70s, when a Congressional committee came to her city to conduct a hearing on nursing homes and other long-term care issues. She covered the hearing, became interested in aging, and looked for other stories. Then, after assignments in England and elsewhere, she began to work on a network level for

NBC in Washington, DC.

Sizing up possible topics to tuck into her reportorial turf, Ms. Peterson decided to persuade her editor to give her the aging beat (which, at that time, did not exist). She used the demographic arguments, the 1981 White House Conference on Aging argument, and others. She succeeded in staking out her claim. She became a steady contributor of stories about aging, which took a good deal of her time, but not all of it.

> "I think I may have been the only television network reporter who covered aging on a regular basis," she said in an interview. "Here is a woman, 37 years old, who wanted an aging beat and who got it, and who was happy about it."

Ms. Peterson, at the time of the interview, was planning to leave NBC to go into her own media production business. Of prime interest to her will be health issues, with special emphasis on aging.

"I hope that I left a legacy at NBC," she said.

JEAN HALEY, KANSAS CITY STAR-TIMES: As a general assignment reporter in the early 1970s, Haley wrote a few stories about aging and liked them. She talked to her editors about a regular column that would be of interest to older persons, their families, and perhaps others. Her column, called "The Later Years," began in 1975 and became part of Kansas City (MO) community life.

> "The phone was always ringing, "said Haley in an interview. "I was playing social worker."

The question everyone asked her at the beginning, "Where will you find material for a column every week?" was soon answered. Subjects were readily available. An anthology of her columns published in 1982 by the Star-Times offered Haley pieces bearing titles such as: "Cable television gives older people a way to tell

their own story"; "Are grandma and grandpa an endangered species? We hope not"; "Elderly often frustrated, helpless in dealing with juvenile harassment"; "Readers show interest in house-sharing project for KC area"; and "Harping on non-issue of age symbolizes society's attitude".

Haley says of her columns and frequent aging-related series or features:

"Older people are very educating. I enjoy that."

In her farewell column in October 1981, Haley wrote: "Assertive, adventurous, happy elders gave me inspiration; the troubled deepened compassion, and the wise shared some of their wisdom. Finally, the hundreds of acquaintances and new friends who entered my life through The Later Years are the best compensation for the work and the treasured memory I will keep."

Haley gave up the column (which is now written by another Star-Times staffer) in order to become a full-time editorial writer. It's not surprising that a Haley editorial occasionally will deal with aging. On August 23, 1983, for example, one carried the headline: "Rethinking cost of supporting the old." It was a response to a federal guideline suggesting that states get children to help pay their parents' Medicaid nursing home bills. The highly informative editorial asked at one point: "Would offspring, faced with a huge bill, fight to keep disabled old people away from care? Would another tier be added to long-term care, that of Medicaid patients hapless enough to be without well-to-do relatives and vulnerable to receiving a lower quality of care?" The editorial concluded: "Family responsibility is an honorable virtue. But legislating it is not so simple as it may seem."

Other Haley editorials have dealt with topics including the shortcomings of the 1981 White House Conference on Aging, interpretation of demographic trends, and the impact of federal budget cuts.

CHERYL JENSEN, THE CLEVELAND PLAIN-DEALER: She also writes a weekly column on aging and thus belongs to a fairly small journalistic specialty group (the press office at the National Institute on Aging estimates that there are about 50 such columns regularly written in the United States).

Her column, "Caring," focuses on the concerns of families and aging relatives. Jensen has said that the difference between her column and others "is that it addresses itself to grandchildren, adult sons and daughters, the spouse and friends of the elder, while also helping the elder."

Its subject range is extensive: medicine, finances, law, psychology, legislation, and government programs.

Like Haley, Jensen became interested in aging because of work she did as a general assignment reporter. An article she did in 1979 for her newspaper's Sunday magazine, dealing with adult children and their aging parents, has won the Northeastern Ohio Excellence in Journalism Award and the Cleveland Communicator's Award.

Readers apparently pay close attention to the columns. When Jensen cited a booklet on arthritis, she received 1,000 requests for it. Another on salt-free products and diets caused a similar demand.

The column has appeared in the Plain-Dealer since 1981. Jensen has begun a self-syndicating effort; in 1983 "Caring" was also a regular feature of two other newspapers, one in California and the other in Massachusetts.

SOUTHERN NEWSPAPER PUBLISHERS ASSOCIATION FOUNDATION: It does not publish stories on its own, but provides services, including seminars on major news issues. In 1971, with the cooperation of Duke University, SNPAF conducted a seminar on aging and published a book, The Future of Aging and the Aged, based upon the the proceedings. In 1982, SNPAF turned again to aging at a four-day seminar attended by journalists from 12 states; among them were editorial writers, editors, reporters, a medical writer, a Family Living editor, columnists, and a Today's Living editor. The site was the University of Kentucky, which provided several of the seminar faculty. Speakers also included a representative of the National Institute on Aging and the associate director of the American Association of Retired Persons.

SNPAF executive director Reed Sarratt, asked whether the seminar had prompted participants to write about aging, provided several sample articles and letters from participants who discussed plans for stories related to topics discussed at the seminar.

One reporter wrote in his letter:

> In general the seminar was outstanding and opened my eyes to several whole new aspects of aging.

Sarratt says that SNPAF will conduct similar sessions whenever there seems to be a need to update journalists' information on aging.

SNPAF's address is PO Box 28875, Atlanta, GA 30323. The phone number is 404/256-0444.

WASHINGTON JOURNALISM CENTER: In 1977 WJC offered a program similar in format and purpose to the SNPAF seminars. It was more oriented to federal issues, possibly because it is in the nation's capital city. The WJC director, former Washington Post reporter Julius Duscha, says that WJC may turn to aging again, depending upon demand and timeliness of potential topics.

The Washington Journalism Center is at 2401 Virginia Avenue NW, Washington, DC 20037; 202/331-7977.

ALBERT ROSENFELD, AUTHOR: As science editor of Life magazine in the mid-70s, Rosenfeld found himself wondering why no one had put together a book telling whether breakthroughs in biomedical science could hold back the deteriorative effects of senescence. The result was a book about "prolongevity" (1976), now regarded as a seminal forerunner of today's growing number of books dealing with life extension.

Rosenfeld's work promised no quick cure to aging's ravages; it sharply questioned the idea that aging has any single cause, or that the way to the final answers lie in attacking the aging process by going after one disease at a time. Instead, the target should be mechanisms of the aging process. In describing theories about such mechanisms, and research under way to test ways in which they may be channelled, Rosenfeld gives fascinating vignettes of the researchers themselves, as scientists and individualistic thinkers.

Rosenfeld is likely to revise his book in the near future. He has become more certain since writing it that aging will turn out to be a genetically programmed process, but there is at the moment no certainty of this. And new developments keep occurring. For example, for years it has been known that laboratory rats can

be kept alive longer than their "normal" lifespan by reducing their food intake. The problem was that this result seemed to occur only when the nutrition cutbacks started early in the rats' lives. More recent experiments, however, now indicate that the same process can be effected later in the rats' lives. It's a long way from experimental rats to human beings, but the implications of the new findings are likely to stir renewed interest in the nutritional route to potential added years.

Now consultant on future programs for the March of Dimes Birth Defects Foundation in White Plains, New York, Rosenfeld continues to keep close watch over aging research, and he recently used a compelling analogy to make a point about the small governmental and private research budget allotted to aging:

> What if the March of Dimes had elected during the decades of the 1940s and 1950s to devote most of its resources to putting polio victims into iron lungs instead of concentrating on basic viral research and vaccine development*** We can no longer afford the iron-lung approach to aging. Money put into research is money put into our national savings (Rosenfeld 1983).

COMMERCIAL, FAST-BREAKING NEWSLETTERS

Many nonprofit aging organizations publish useful, informative newsletters, including several highly specialized ones. But most, if not all of them, are issued relatively infrequently. Two newsletters published in Washington, DC overcome the time barrier. One is a weekly; the other is biweekly; and they give reliable information on federal governmental actions and other happenings, including national conferences, statistical reports, and emerging issues.

AGING SERVICES NEWS is published every other week by Business Publishers Inc., 951 Pershing Drive, Silver Spring, MD 20910; 301/587-6300 ($117 per year). The founder of this publication is Irma Schechter, who reports that her guiding rule was to ask how new developments and information would affect her readers. In mid-1983, Schechter sold the newsletter to its present management in order to take a new position with the Visiting Nurses Association in New York City.

The other newsletter is Older American Reports, published by Capitol Publications Inc., 1300 North 17th Street, Arlington, VA 22209; 703/528-1100 ($166 a year). Editor Mary M. Kahn keeps close watch over the federal scene, in order to issue the publication every Friday except Christmas week.

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EPILOGUE
BRINGING IT HOME

A report issued by the National Institute on Aging a few years ago had as its title: Our future selves: A research plan toward understanding aging.

The viewpoint thus expressed was at least as important as the detailed, technical discussion of research goals and techniques that constituted the body of the book. In choosing "Our future selves" as its paramount theme, NIA reminded everybody that (1) all generations have a stake in positive or negative developments related to aging, and (2) that aging is a personal matter, a "self" matter calling for individual understanding and adjustments throughout all our lifetimes.

Important points were thus brought home by the NIA title.

Readers of this book are now invited to think how they can "bring it home" on aging in two ways:

- In the sense of making your points about aging in the most effective ways possible.

- And that, where possible, you bring your points home by localizing them; that is, your stories can illuminate large issues by showing how they affect people, ideas, and society's institutions in your own reader, viewer, or listener service area.

MAKING YOUR POINT

Every good reporter knows the difference between straight news and interpretative (or even "slanted") reporting. Every good reporter also knows that even straight reporting is influenced by the points chosen or deleted by the reporter during the writing of the story, by the quotes used or not used, and by the energy that the reporter extends in getting all the facts needed to make the story complete.

As emphasized in chapters 2 and 4, journalists who write about aging, either regularly or only on occasion, have to be especially alert to the ageist thinking among the people they write about and possibly among themselves. For example, a reporter who discounts a potential story about the need for an adult day care center because "the elderly have Medicare, don't they," is unaware of many facts that would contradict such thinking. But even more important, the reporter may be harboring an unacknowledged resentment that could go something like this:

> Health care costs are out of sight. Older people use many health services; older people are becoming more and more numerous; and they are the reason that health insurance costs are going up for younger people, and the line on costs has to be drawn somewhere, and so who needs still more services, such as a day care center?

Farfetched as this kind of thinking may seem, the author has witnessed television reports that subtly equate "our aging population" with inflated health care costs. More thorough analysis of the problem, however, would reveal that older persons, like everyone else who needs care, are the victims of the many tendencies that have combined to create a very expensive health care system in the United States.

The first rule of making your point, therefore, is to make certain you stack the deck in favor of the "plucky oldsters," either. Reporters aren't advocates, ex-

cept in editorials or clearly identified opinion pieces. The facts on aging are usually strong enough to make t[illegible]e without a push from the reporter.

A second rule about making your point is simply to dig into the subject you are writing about. This may seem self-evident, but many sources of good information have told me while I was preparing this book of writers who want their work done for them by their sources. But a complicated issue cannot be dealt with in one phone call or in one speech by an expert at a conference, no matter how helpful the source or the speaker may want to be. Homework is the price reporters must pay to make the most of their usually brief encounters with such sources. And, as indicated in the preceding chapters, much information is at hand, waiting to be used by reporters who do homework. But is it?

One answer to that question is provided by Robert Ball, a former Social Security commissioner who played a crucial role in the deliberations of the National Commission on Social Security as a prelude to the historic compromise legislation enacted in 1983. Ball found great competence among relatively few journalists who deal with Social Security as a story subject fairly regularly, Spencer Rich of the Washington Post being one of the few. Ball has observed:

> Stories, including those written by well-informed reporters, are in competition with other stories for space, preferably space on page one. Stories about conflict or impending disaster usually stand a better chance of getting on page one than stories about complicated developments. And so there may be a tendency to look for the bad news: What terrible thing is about to happen? (Ball 1983)

Ball also notes that coverage about Social Security has dwindled since the compromise rescue legislation. He now fears that there will be a flood of stories making the most of Medicare's financing problems, which could reach the critical stage before 1990. But Ball's point is that steps can and will be taken long before that time, if people keep their heads and get the facts.

Sources, too, have responsibilities. Reporters keep turning to Ball and others for perspective and facts because they have proven dependable over the long haul.

> "That means," says Ball, "that the reporters expect even advocates to give them the straight facts. We must never, never mislead them, even when it hurts a little."

Robert Atchley of the gerontology center at Miami University in Ohio is another widely quoted source who, like Ball, thinks only unusual reporters dig as deeply as they should into stories about aging. He summed up his feelings as follows:

> Almost every issue in aging that I can think of is much too complex to be dealt with in the average newspaper. There needs to be some level of journalist looking at aging from a nontraditional journalistic perspective. As things stand now, the journalist is overly dependent on the accuracy of the information provided by sources. (Atchley 1983)

The "non-traditional" journalism sought by Atchley is apparently one that will find new ways to get important facts to the public even when the drama of crisis is not the major element in the story.

BRINGING IT HOME BY LOCALIZING

The complexity to which Atchley refers is certainly a hurdle of significant proportions. But then again, journalism is always finding new hurdles to clear, often with style and grace.

One tried-and-true way of cutting issues to size is to deal with them in terms of impact upon individuals, preferably local individuals. "Bringing it home," therefore, can mean taking the story out of the national arena and putting it into nearby neighborhoods.

The New York Times did something like this in June 1983 when it ran a front-page story by Reginald Stuart headlined "'Old old' grow in numbers and impact." The lead was:

> When Myrtle E. Morris retired as a New York City office worker 30 years ago, she had her husband, her health, a home and a car. Now, at the age of 83, she is widowed and nearly blind, and she lives in a retirement home. Her driving days are only a memory."

A two-column photograph of Mrs. Morris seated in her room at a retirement home in St. Petersburg, Florida, appeared directly under the headline.

The story went on to say that she was part of the fastest growing segment of American society, those 80 and older, many of whom can no longer be active, many of whom "have seen the quality of their lives erode."

The remainder of the report blended demographic data with quotes from experts, information about efforts in Florida to make public programs more responsive to the needs of the old-old, and the difficulties standing in their way. One quote, from the director of a community care project, is haunting:

> "It seems that the more people we serve, the more we find who need the services."

The Times being the Times, it could "localize" its story by choosing the state that has the largest proportion of its population as site of much of the information used in the story. Other newspapers, as well as radio and television stations, must stick more closely to home.

And this is where journalistic ingenuity comes into play. Consider a few "what if's:"

- Suppose new statistics on the "old-old" had come over the wire services, and you as editor wanted to do more than quote cold figures from the census bureau or elsewhere. Unlike the Times, you cannot activate a

reporter in Florida, but you can check out a few possibilities closer to home.

.. You could find out what your local area agency on aging expects the "old-old" population in your service area to be by the year 2,000 (at this writing, less than 17 years away), and what long-range plans the AAA is preparing to deal with their foreseeable needs. If the AAA does not have such a plan, that's another story.

.. You could check with your local nursing homes and homes for the aged. It's probable that most of their residents are very old, and that a good number of them have been institutionalized for long periods. How can such institutions prepare for a future of even greater demand? What do they, and health planners, say should be done to keep people <u>out</u> of institutions, if at all possible?

.. Or, you could recognize that the "old-old" constitute a memory bank that should be tapped before it is gone for good. If your community has a senior center, an oral history program may be at work there; it could put you in touch with elderly persons whose recollections would help make the point that the "old-old" do not constitute a faceless population group, but are in fact a multitude of <u>individuals</u>.

• What if, as the extended debate over the future of Medicare unfolds during the next few years, you:

.. Interview older persons who have been served by Medicare as to (1) the value of the program to them and their families, (2) parts of the program that confuse and confound them, and (3) whether they feel that they are to "blame" for high health care costs.

.. Ask hospital directors whether they feel that they can live up to the new "prospective reimbursement" procedures that started in October 1983, particularly if there are only limited community-based services (such as home care and respite services for family caregivers) to which discharged hospital patients can be referred.

.. Check in with physicians on how they feel about Medicare: How much has it added to their incomes? How well do their patients understand it? Why do most of them refuse to "take assignment," that is, agree to bill only for those amounts set by Medicare as fair and reasonable for their geographical area?

- Why not, if you are in one of the growing number of states that have a "silver-haired" legislature that meets each year, choose to cover the delegation from your service area as to:

.. Their feelings about their role in a procedure which could be merely advisory, or which could be a direct feed-in to actual legislative enactments.

.. Their feelings about the importance of their work for other generations.

.. Their opinions about arguments that in effect they are ageist because they seek action on behalf of a specific age group, not perhaps on the basis of need, but because members of this group have reached a certain age? One such argument uses the term compassionate ageism to describe advocates who are said to encourage stereotyped thinking about the elderly by describing them for four decades as "poor, frail, socially dependent, objects of discrimination, and above all, deserving..." (Binstock 1983)

- What if, the next time state or federal statistical information about housing needs is released, you:

.. Interview older homeowners about how much of their income goes for shelter and how much they think it would cost to get their homes into a good state of repair.

.. Check with municipal planners on how much new apartment construction is going on, and whether most of it is within the average budgets of older persons in your area.

.. Talk to older homeowners about their willingness to (1) transform part of their house into quarters for a rent-paying tenant, assuming local

laws could be made to permit this, (2) whether they can obtain commercial loans for repairs or renovations of their quarters, and (3) whether they are thinking of moving to smaller quarters in an apartment if available or to lifetime care communities if they can afford it.

These few examples, it is hoped, make the point: Information about national trends mean much more if tied to real, breathing human beings close to home. And if the idea of large-scale interviewing and researching seem beyond the realm of the editorial resources available to you, remember that you can seek help from nearby academic gerontological centers or local service agencies that may have their own reasons for wanting insights and information about the subjects that interest you.

Remember, too, that gerontological institutes often are sponsors of local conferences on vital subjects. They would probably invite the interest and the suggestions of the local press as they plan their conference agendas.

Finally, don't forget what all the fuss is about: The older people themselves. One of the themes of this book has been their heterogeneity and—among the problems many of them face—the rich gifts they have to offer. They should not be dismissed with standing headlines, such as "Plight of elderly described" or "Plucky oldster speaks out." Their stories deserve more than that. They deserve the best that journalism has to offer.

AND PLEASE, MAKE AGING A PERSONAL MATTER

Usually reporters try to keep some distance between themselves and the subjects of their stories. They are supposed to be factfinders, not bleeding hearts, no matter how good the cause.

Two unique aspects of aging, however, tend to bend that rule a bit.

One is that all reporters have, or have had, parents or grandparents, and they themselves are likely one day to be elderly parents, grandparents, or at least elderly members of a family group. They therefore have a personal stake in what happens to older people in our society.

Another is that nobody knows what changes are going to be made in our society and families as the numbers and proportions of older people continue to rise. Just as Ethel Shanas described the growing numbers of four-generation families in the United States as explorers of new realities (see chapter 1) so should policymakers, service providers, academicians, advocates, and many others explore new ideas and new directions to assure that the added years of life for millions and millions of people are good for them and good for our nation.

The reporter's objectivity, therefore, is vital in journalistic activity related to aging; an accurate chronicling of the many aspects of the exploration is essential, and it should be exciting.

But after the deadline has been met and the story is in, reporters like everyone else have the private right to ask what they want older people to be assured of in this nation: Perhaps your list would include goals such as more clearly defined roles in society for older persons, freedom from age stereotyping, economic security, and assured access to appropriate health care.

Having reviewed your own personal goals, then get professionally personal.

Ask: am I helping to tell the story of aging as it should be told, with the best available information and an absence of negative thoughts or convictions?

It's a question worth asking frequently; explorers have to stop every now and then to check their courses. How else are they to know where they have been, and what new routes are waiting to be found?

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APPENDIX 1
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